

Program Volunteer Application

The below information will be used to conduct a criminal background check and a driver's license check when youth are transported by a volunteer.

GENERAL INFORMATION

Full Name:		Contact Number	()
Current Address:		Alternative #:	()
		E-mail Address:	
		Social Security Number:	- -
Date of Birth:		Ethnicity:	
List addresses for the previous five years.			
Street Address:			
City:	State:	Zip:	
Street Address:			
City:	State:	Zip:	
Street Address:			
City:	State:	Zip:	
Street Address:			
City:	State:	Zip:	
Street Address:			
City:	State:	Zip:	

EDUCATION INFORMATION

School(s) Attended:		Degree Received:	
		Degree Received:	
		Degree Received:	

CURRENT VOLUNTEER INTEREST

Why are you interested in volunteering with this agency?

REFERENCES

List three references (not relatives) who have known you for at least one (1) year. Include complete mailing addresses.

Full Name:		Home Phone:	
Address:		Other #:	
		E-mail Address:	
		Relation:	

Full Name:		Home Phone:	
Address:		Other #:	
		E-mail Address:	
		Relation:	

Full Name:		Home Phone:	
Address:		Other #:	
		E-mail Address:	
		Relation:	

I certify that all information on this application is true to the best of my knowledge and understand the information will be used to conduct a criminal background check. I also authorize the agency to contact the references listed above. In the event I supervise, or transport youth, a driver’s licenses check will also be conducted.

I understand that any false statements, withheld information or negative feedback from reference(s) will be reason(s) to disqualify me from volunteering with this agency.

Volunteer Print and Sign: _____

Date: _____

FOR AGENCY USE ONLY

Date References checked:	
Staff Checking References:	