



Volunteer Application

First Name _____ Last Name _____ B# _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Birth Date _____

E-Mail Address _____

Are you a United States Citizen? _____ Yes _____ No

In Case of Emergency Notify: Name _____ Phone _____ Relation: _____

Volunteer Experience _____

Work Experience _____

Special Skills & Hobbies _____

Assignment Choices _____

Day(s) & Time(s) Available _____

Are there any health problems we should be aware of? Yes / No If so, please explain _____

Have you ever been convicted of a crime? Yes / No If so, please explain _____

Please provide two references that ARE NOT related to you:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Date _____ **Volunteer Signature** _____

Failure to disclose appropriate information may result in terminating your volunteer privileges.

<p>Volunteer Office Use Only</p> <p>Date Received _____</p> <p>References Checked _____</p> <p>EHO Appointment _____</p> <p>EHO Cleared _____</p> <p>Orientation Scheduled _____</p> <p>Orientation Completed _____</p>	<p>NOTES:</p> <p>Badge ID#: _____</p> <p>PPD Date: _____ Influenza Date: _____</p>
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