

Are you 17 years old or younger? Yes No

Have you had any prior criminal convictions? Yes No

Do you have any currently pending criminal charges? Yes No

If you have checked "Yes" please explain the conviction(s):

Emergency Contact: Name: Relationship: Phone:

Reference:

Please list a reference not related to you.				
Name	Address	Phone	Relationship	Years Known

I certify that all information in this application is true and complete.

Applicant Signature

Date

Office Staff Use Only	
Personal Interview by:	Date:
References Checked by:	Date:
Was applicant accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain in comments section below)	If yes, date begin:
Comments:	
Volunteer Coordinator Signature:	Date: