

Volunteer Application

For use with programs in which volunteers have access to vulnerable populations

Personal

Name _____ Date: _____
DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (h) _____ (w) _____ (c) _____

E-Mail Address: _____

Do you have a current driver's license? Yes ___ No ___ Ethnicity _____ Sex: M F

Driver's license number _____ State: _____ Exp. Date: _____

Education

High School _____	Graduation Date _____
College _____	Graduation Date _____
Post Graduate _____	Graduation Date _____

Talents / Special Abilities / Accomplishments / Interests: _____

- | | | |
|--|------------|-----------|
| 1. Have you been convicted of or pleaded guilty to a crime? | YES | NO |
| 2. Have you abused or molested a child? | YES | NO |
| 3. Have you been disciplined for any work involving children? | YES | NO |
| 4. Have you been involved in any matter that may disqualify you from working with Children or vulnerable adults? | YES | NO |

EMERGENCY CONTACT

_____	_____	_____
Full Name	Relationship to you	Phone Number

Please list three personal or professional references – include a current co-worker if possible

Name / Relation to You	Phone # and Email	Reference Check Date & Notes

-----Internal Use Only-----

Name of person conducting nsopw.gov check: _____

Date and time: _____

Results _____

*Attach a printed copy of the nsopw.gov page showing "no results". If a matching record is found, applicant should not volunteer.