

Volunteer Application – Page Two

(Please print clearly; to be accepted, you must complete all sections)

What days are you available to help : ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

What hours are you available to help : _____ a.m. _____ p.m.

Transportation : ___ Personal Vehicle ___ Public Transportation ___ Taxi ___ Walk

Driver’s License No : _____ State _____ Expiration: _____

Vehicle Insurance : ___ Yes ___ No Insurance Company : _____

References: (minimum of three required – two supervisors and one personal)

Emergency Contact Information:

Contact : _____ Relationship : _____

Emergency Address : _____

Emergency Telephone : Home _____ Mobile _____

Please read the following, sign and date this form :

I hereby give my consent for Child Proof Advice to share this information with others involved in the selection of Volunteers and for any reference or background checks that may be required to be conducted. Further, I release Child Proof Advice from responsibility and financial obligation for any personal accident, injury or medical emergency that may develop while employed as a Volunteer for Child Proof Advice.

Volunteer’s Signature _____ Date _____

Comments:
