

# VOLUNTEER APPLICATION

For Office Use	
Approved:	_____
Date:	_____
Initial:	_____
Placement:	_____

**Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Please include NICKNAME, if applicable \_\_\_\_\_

**Address (Include Zip)** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Birth date** \_\_\_\_\_

Email Address \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Place of Employment or School \_\_\_\_\_ Work Phone \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Church Affiliation \_\_\_\_\_ **Shirt Size:** XS S M L XL 2XL 3XL 4XL

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Other contact numbers (work, cell, etc.) \_\_\_\_\_

**References:** Please list two (2) personal references, other than family members, plus one (1) professional reference. Please ensure that your references are able to be contacted by providing complete and correct addresses.

Name	Address (include area code) or Email	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Address History:** In order to conduct a criminal history check & sex offender check, please list all addresses at which you've lived for the past 7 years (including county) starting with the most recent. Please attach additional sheet if all addresses do not fit in this section.

1. \_\_\_\_\_  

address (Include Zip)	city	state	county	dates: from- to
-----------------------	------	-------	--------	-----------------
2. \_\_\_\_\_  

address (Include Zip)	city	state	county	dates: from- to
-----------------------	------	-------	--------	-----------------
3. \_\_\_\_\_  

address (Include Zip)	city	state	county	dates: from- to
-----------------------	------	-------	--------	-----------------

**Have you ever been convicted of a felony or misdemeanor?**  No  Yes - Please explain: \_\_\_\_\_

**Do we have your permission to use your name/picture for publicity or news releases?**  No  Yes

"I verify that all of the information given by me on this application is true. I authorize Emerald Youth Foundation to complete a sex offender, driving, and criminal history check on me using the information listed on this application. If I wish to transport kids, I authorize my insurance agent to release proof of my liability limits to Emerald Youth Foundation. By my signature below, I authorize a reference check with regard to my character of any and all persons and agree to hold such persons harmless with respect to any information that they may give."

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian (if applicant is under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use	
Date Received:	_____
Criminal Background:	_____
NSOPW:	_____
References:	[1] [2] [3]
Vol. Agreement:	_____
EYU:	_____
Placement:	_____
Initial:	_____