



VOLUNTEER APPLICATION

(PLEASE TYPE OR PRINT CLEARLY)

NAME (LAST):		FIRST:		MIDDLE:	
STREET ADDRESS:	CITY:	STATE:	ZIP: No.	TELEPHONE	

PREVIOUS VOLUNTEER EXPERIENCE:

HOURS AVAILABLE:	ON WHAT DAYS WOULD YOU BE AVAILABLE? <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN
-------------------------	---

DO YOU HAVE ANY SPECIAL TALENTS YOU WISH TO SHARE WITH OUR RESIDENTS? YES No

If yes, describe:

WHAT TYPE OF ACTIVITIES WOULD YOU BE WILLING TO HELP WITH? (LIST IN ORDER OF PREFERENCE)

DO YOU HAVE ANY CONVICTIONS FOR CRIMINAL OFFENSE? YES NO

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION PROVIDED IN MY APPLICATION OR INTERVIEWS MAY RESULT IN DISCHARGE, NO MATTER WHEN DISCOVERED. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND INVESTIGATION INTO MY BACKGROUND AND REFERENCES. I RELEASE THIS ORGANIZATION AND ANY OTHER INDIVIDUAL OR ENTITY FROM ANY AND ALL LIABILITY, WHATSOEVER, ASSOCIATED WITH OBTAINING OR RELEASING INFORMATION ABOUT ME. I UNDERSTAND AND AGREE THAT MY VOLUNTEER RELATIONSHIP WITH COUNTRY MEADOWS MAY BE TERMINATED EITHER BY ME OR BY COUNTRY MEADOWS AT ANY TIME AND FOR ANY REASON, WITHOUT PRIOR NOTICE TO THE OTHER PARTY. I CERTIFY THAT I DO NOT HAVE ANY HISTORY OF OR CONVICTION FOR VIOLENT CRIME, MORAL OFFENSES OR OF ABUSING PERSONS, EXCEPT AS NOTED ON THIS APPLICATION. I FURTHER CERTIFY THAT I WAS NEVER DISMISSED FROM EMPLOYMENT DUE TO ABUSE OF CLIENTS OR RESIDENTS.

SIGNATURE: _____	DATE:
-------------------------	--------------