



Volunteer Information

Section 1. To Be Completed by Volunteer

Name: _____

Address: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Employer/Occupation: _____

Vehicle Information: Make: _____ Model: _____

Color: _____ License Plate: _____

Emergency Contact: _____

Have you ever been accused of molestation or sexual abuse? ____YES ____NO

Have you ever been convicted of, or plead guilty or no contest to, charges of sexual abuse and/or molestation? ____YES ____NO

Section 2. To Be Completed by Sponsor

Name: _____ Title: _____

Department: _____

Description of Volunteer's Duties: _____

Will this individual have contact with minor children? Yes _____ No _____

Will this individual need to operate a motor vehicle in conjunction with their duties? Yes _____ No _____

Length of Volunteer Commitment: _____