

ASAP Volunteer Application

APPLICANT INFORMATION

| | | | |
|-----------------------------|---------------------|--------------------------|---------------|
| Name (Last) | (First) | (Middle) | Date |
| Address | City | State | ZIP Code |
| Telephone | Alternate Telephone | Best Contact Time | Email Address |
| Availability | | | |
| In Case of Emergency Notify | Telephone | Name of Nearest Relative | Telephone |

VOLUNTEER EXPERIENCE

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| Have you ever volunteered in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where would you like to volunteer? <input type="checkbox"/> Kitchen <input type="checkbox"/> Tutoring/Academics <input type="checkbox"/> Activities |
| Special Interests and Hobbies |
| What qualities do you have that would help you work with children and/or youth? |
| Would you be available for periodic volunteer training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No |

PERSONAL REFERENCE

| | | | | |
|------|---------|-------|------------|--------------|
| Name | Address | Phone | Occupation | Relationship |
|------|---------|-------|------------|--------------|

CRIMINAL HISTORY

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| Have you ever been charged, convicted of, or pled guilty to a crime, either s misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been exposed to an incident of child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been <u>convicted</u> of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have any criminal actions pending in which you are the Defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred. |

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

| | |
|------------|------|
| Print Name | |
| Signature | Date |