



The Georgetown Project Volunteer Application

Because there may be times you will work with children, please answer all questions as accurately and completely as possible. All information provided is confidential.

Date _____

Name _____	Age _____	Birth Date _____
Address _____		
City _____	Zip _____	Phone _____ Email _____

For statistical purposes only:

Spouse Name _____

Emergency Contact number _____

Children and Ages: _____

Last positions held:

Employer _____

Title _____ Length of time employed _____

Description of work _____

Employer _____

Title _____ Length of time employed _____

Job Description _____

Education:

High School _____ Graduated _____

College _____ # Years _____

Other _____ # Years _____

Do you have your own transportation? _____ Plate Number _____
Insurance Carrier _____
Current Driver's License Yes() No() License Number _____

Have you ever been involved, arrested, or convicted of assault? _____
Have you ever been arrested or convicted of child abuse or neglect? _____
Have you ever been arrested or convicted of a felony? _____

List two local character references (other than relatives):

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Please list volunteer opportunities you are interested in:

- () Answer phone; handle correspondence; assist with mail outs
- () Bridges To Growth Resource Library: learn to help check out games, toys, books
- () Help with fundraising activities: letters, publicity, contacts
- () Provide training:
Qualifications/areas of expertise: _____

- () Other _____

I _____ do hereby authorize The
Georgetown Project to conduct whatever background check may be deemed appropriate, i.e., contact
references listed above, check DMV driving record, and do a routine police check.

Signed: _____ Date: _____