



**The NEST**  
Nurturing \* Empowering \* Supporting for Tomorrow  
**Volunteer Application**

This application is to be completed by all applicants interested in volunteering involving the supervision or custody of children and youth less than 18 years of age. It will be used to help The Nest provide a safe and secure environment for youth participating in our programs.

**Personal:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Previous Names/Aliases:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

Place of birth:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**Residential Address:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact:**

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

Email: \_\_\_\_\_

**Identifying document:**

If you used one of these documents to verify your identity, please fill in these details:

Driver's License

State Issued: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Identification Card

State Issued: \_\_\_\_\_ ID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Passport

Passport Type:  Private  Government  UN Refugee

Issuing Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_



**Declaration and Consent:**

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to accept me as a volunteer.

- ρ **I have not omitted any names or aliases that I use or used in the past.**
- ρ **I have read and understood the contents of this form and the relevant information in The Nest Student Manual.**
- ρ **I consent to The Georgetown Project checking my relevant criminal records, including but not limited to a sexual offender check if volunteering for more than two days a week on a regular basis, to verify these statements.**

The Georgetown Project reserves the right to conduct criminal background checks on volunteers and employees who work with children and youth. Your submission of this application constitutes your consent to undergo such checks at any time. I certify under penalties for perjury that my answers to the above questions and any explanations that are attached are correct and complete. I consent to disclosure to The Georgetown Project and its Executive Director of additional information relating to the information disclosed above. I waive and release any claims I might have against any person or organization and The Georgetown Project and all of its members and representatives relating to such disclosures.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Nest Coordinator/ Approved Staff:

- ρ I have sighted photo identification for this person  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_