



# VOLUNTEER

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## Volunteer Contact Information

Name:  
Address:  
Address:  
City, State, Zip:  
Home Phone:  
Cell Phone:  
Email:  
Child's Name:

## Volunteer Emergency Contact Information

#1 Name:  
Home Phone:  
Cell Phone:

#2 Name:  
Home Phone:  
Cell Phone:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## OFFICE USE ONLY

<input type="checkbox"/> Disclosure	Date: ____/____/____
<input type="checkbox"/> Confidentiality Agreement	Date: ____/____/____
<input type="checkbox"/> FBI Clearance	Date: ____/____/____
<input type="checkbox"/> Criminal Background Check	Date: ____/____/____
<input type="checkbox"/> Child Abuse Background Check	Date: ____/____/____