

VOLUNTEER SCREENING FORM

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ E-mail: _____

Occupation: _____

Employer: _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? (List policy limits and name of carrier) _____

Why would you like to volunteer as a worker with youth and/or children? _____

What qualities do you have that would help you work with youth and/or children? _____

Have you ever been charged with, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? yes no

If yes, please explain fully:

Do you have any experience dealing with abuse of children/youth? yes no

If yes, what would you share about the incident? _____

Would you be available for periodic volunteer training sessions? yes no

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

1. Name: _____
Address: _____
Daytime phone: _____ Evening phone: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime phone: _____ Evening phone: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime phone: _____ Evening phone: _____
Relationship to reference: _____

Signature of Applicant

Date