Children In Need, Inc.
Volunteer Application

Name: _____ Birth date: _____
Address: _____
_____
City: _____ State: _____ Zip: _____
Home phone #: _____ Cell phone #: _____

Employer: _____
Address: _____
Work phone #: _____

Please provide 3 personal or professional references:

Name	Address	Phone #
1		
2		
3		

Have you EVER:

Been arrested, cited, prosecuted, plead guilty to or been convicted of any crime?	Yes	No
Been placed on probation, parole, or effected by the Megan Laws?	Yes	No
Been in a gang, or are you currently a member of a gang?	Yes	No
Had a warrant, or do you currently have a warrant for your arrest?	Yes	No
Been involved in, or are you currently involved in any illegal activity?	Yes	No

We require a copy of your drivers license and/or a picture ID.
Drivers license number: _____

Emergency contacts & phone numbers:

_____
_____

Please note any physical issues Children In Need, Inc should be aware of:

_____

Please circle the times you would be available:

Monday	Tuesday	Wednesday	Thursday	Friday
8am-12pm	8am-12pm	8am-12pm	8am-12pm	8am-12pm

Signature: _____ Date: _____

If you are a minor Children In Need, Inc. requires a parent signature: _____

Checked by: _____ Results: _____
_____
Start date: