



Office Use ONLY
Date Received: _____ By: _____

Application for Volunteering

(Please complete all sections)

Volunteer Areas: _____ Available to Begin: _____

Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City, State) (Zip)

Email: _____ Phone: (H) _____ (C) _____

Do you have a child in the program?: _____ Yes _____ No

Do you have a current background check?: _____ Yes _____ No

If No, are you willing to get a background check? _____ Yes _____ No

Have you been convicted of a crime in the past ten (10) years? _____ Yes _____ No

If Yes, please describe in full: _____

Please list your past volunteer experience: _____

Personal References
(Do not include relatives or past employers)

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact the employers listed above? _____ Yes _____ No

If not, please indicate which employer(s) you do not wish us to contact: _____

The facts set forth in this application to volunteer are true and complete. I understand that if selected, false statements on this application shall be considered sufficient cause for dismissal. I hereby give permission to the City of Bexley, Ohio to check any and all references listed on my application for employment.

Applicant's Signature

Date