Volunteer Application

REFERENCES

LIST THREE NON-FAMILY REFERENCES THAT ARE FAMILIAR WITH YOUR PERSONALITY, WORK HABITS, AND CHARACTER.

1. NAME	RELATIONSHIP TO SELF		
PHONE NUMBER ()	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE
2. NAME	RELATIONSHIP TO SELF		
PHONE NUMBER ()	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE
3. NAME	RELATIONSHIP TO SELF		
PHONE NUMBER ()	EMAIL		
ADDRESS	CITY	STATE	ZIP CODE
IN CASE OF EMERGENCY CO	ONTACT:		
NAME	RELATIONSHIP TO SELF		
ADDRESS	PHONE NUMBER		
			OR TRAFFIC VIOLATION? YES NO
IF YES, PLEASE EXPLAIN:			
(CRRCS) MAY REQUEST CRIM	MINAL HISTORY/BAC ENT AND/OR SOCUA	KGROUND CHECK L SERVICE AGEN	VER REGIONAL CRISIS SHELTER KS ON POTENTIAL VOLUNTEERS ICIES. ALSO, ALL VOLUNTEERS
CPR CERTIFIED: YES NO			

FOOD HANDLERS CARD: YES

NO