

Do you have any medical problems or physical limitations? If so, what accommodations do you need to perform the volunteer position?

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

References (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

In case of an Emergency, please notify

1) Name _____ Relationship _____ Day Phone (____) _____

1) Name _____ Relationship _____ Day Phone (____) _____

Driving Information

If you are volunteering for a position that requires driving, Whistlestop requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes No

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Whistlestop, so that they can be filed with this application. I will immediately notify my volunteer coordinator if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

I hereby attest that the above information is true to the best of my knowledge.

Signature _____ Date _____

Parental Consent (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Whistlestop. I also give Whistlestop my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

FOR OFFICE USE ONLY

Date Application Received: _____

Interviewed by: _____ Date: _____

Background Check done on: _____

Orientation: _____

Notes: _____