



"A Place To Be Me"

Programming by Children's Dispensary • Serving our community for over 100 years

Volunteer Application

All individuals that wish to participate in "A PLACE TO BE ME" Programming by Children's Dispensary must complete this application. This application will help us determine the best position for you. This is confidential information and will not be shared with anyone outside this organization.

General Information

Name _____ **Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Date of Birth ____/____/____ **Social Security Number** ____-____-____

Emergency Contact _____ **Phone** _____

Emergency Contact _____ **Phone** _____

How did you hear about our programs? _____

Have you ever worked with special needs children before? YES / NO

If yes please list _____

References

Please list three adults who are not family members, but have knowledge of your ability to work with children.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Years Known _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Years Known _____ Relationship _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Years Known _____ Relationship _____

Personal Questions *Please Circle One*

Have you ever been treated for a psychiatric disorder? **YES / NO**

Have you ever been arrested, convicted or pleaded guilty to a crime? **YES / NO**

If yes, explain: _____

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child? **YES / NO**

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with the above? **YES / NO**

Have you been convicted of possession, use or sale of drugs within the last seven years? **YES / NO**

Within the past 30 days have you abused alcohol, legal or non-legal drugs? **YES / NO**

Children's Dispensary Inc.
"A PLACE TO BE ME"
DISCLOSURE STATEMENT

I understand that my volunteer position at Children's Dispensary is contingent upon the organization's review and approval of a truthfully completed and signed Disclosure Statement and receipt of a report declaring no evidence of criminal history from the State Department of Criminal Justice. I further understand that if I am permitted to volunteer, I may be discharged for any misrepresentation or omission on the application or disclosure statement or the request for criminal history.

Last _____ First _____

Middle _____ Maiden _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Drivers License Number ____-____-____ Place of Birth _____

Previous Address (If you have moved in the last year)

City _____ State _____ Zip _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE THAT THE FOREGOING IS TRUE AND CORRECT. I authorize investigation of all statements herein and release Children's Dispensary from liability in connection with the same.

Print Name Date

Signature Date