

Name _____ Date of Birth _____

Phone (home) _____ (cell) _____ (work) _____

Street Address _____ City _____ Zip _____

Mailing Address (if different from above) _____

Email Address _____

Emergency contact person _____ Phone _____

Have you lived in another state in the last five years? Yes No

If yes, which state(s)? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Do you object to our agency running a background check on you? Yes No

Volunteer Type: eASPIRE _____

Personal references:

References should have known you for at least 6 months, and not be relatives or live in the same household.

(name) (full mailing address) (phone)

(name) (full mailing address) (phone)

(name) (full mailing address) (phone)

Occupation (current or before retirement) _____

Education and training background _____

How did you hear about this program? _____

Experience with teens _____

If you have a disability and require accommodations to perform your assignment, please indicate _____

Signature _____ Date _____

For Office Use Only

Screening Process	Date Completed
Criminal Record Check	
Personal References	
1.	
2.	
3.	
Training	
ASPIRE for the Community Video (required)	
Volunteer Training (required)	