Nicole's House Volunteer Application

Name_____Phone _____

Address _____Email _____

I am interested in volunteering for:

_____Adv Council/Board _____Mentor ___ In House _____Other * (cleaning, teaching, social work, well checks , transport, event planning, fund raising. Specify below:

*_____

Have you earned any certifications or degrees that qualify you to assist in certain areas?

List: _____

Have you ever been a subject in an investigation in this or any other state for any of the following: Violence/abuse against another, sexual abuse, harassment, possession or distribution of illegal or prescription drugs or have a felony conviction? _____No _____Yes (If yes, explain below)

_____ _____

I DO/DO NOT (circle) give Nicole's House permission to use my photograph in publications, and/or materials such as a newsletter or website. (Initial/Date)_____

I UNDERSTAND the risks involved in volunteering and agree not to hold liable for any accident or injury that may occur to myself or others while serving in the capacity of a volunteer (Initial/Date)_____

I DO have a valid drivers license and my liability insurance covers passengers in my car. _____

My signature below indicates that I have answered honestly and grant Nicole's House to complete a criminal background and reference checks to verify my identity and ensure the security of the women residing at NH. This confidential record will be kept on file at NH.

_____ _____ _____ _____
Signature of Volunteer **Printed Name** **Date**

_____ _____ _____
Signature of Witness **Printed Name** **Date**

References:

_____ _____ _____
Name **Email** **Phone**

_____ _____ _____
Name **Email** **Phone**

_____
OFFICE USE Date Completed, Initials, and Result **Nicole's House**

Photo ID _____ Maltreatment Reg. _____ Volunteer Area _____

Reference 1 _____ Reference 2 _____ Assigned to_____