

Opioid Volunteer Committee Application

Please include a cover letter with this application.

Name: _____
 First **Middle** **Last**

Mailing Address: _____

Phone: _____
 Home

Phone: _____
 Cell

Email: _____

Please check all that apply:

I am at least 18 years of age _____

I am a resident of the Franklin County _____

Have you ever been convicted of a crime _____

Background (related experience, skills, qualifications): Additionally, please attach a resume.

Why are you interested in this committee?

Employer:_____

Are you currently affiliated with any organizations in Franklin County, if so, please list them.

Please list 3 references and their contact phone numbers.

1. _____ **Phone#:** _____
2. _____ **Phone#:** _____
3. _____ **Phone#:** _____

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration to become a member of the committee, or (ii) may result in my immediate discharge from volunteer services, whenever it is discovered.

Dated:

Signature