

Volunteer Application

Thank you for your interest in becoming a volunteer with Generations. Our volunteers perform a vital service for the continuing success of Generations. As our programs often include young children and vulnerable adults, we must be careful in our selection process to protect all interests. The information on this application will be kept confidential.

Contact Information

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

Person to Notify in Case of Emergency

Name _____ Relationship _____

Address _____

City _____ State _____ ZIP Code _____

Home/Cell Phone _____ Work Phone _____ Email _____

References

1. Name _____ Relationship _____ Phone _____

Address _____

2. Name _____ Relationship _____ Phone _____

Address _____

Additional Information

Do you have a medical condition or physical limitation we should be aware of? _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain _____

Confidentiality

Generations is committed to ensuring the confidentiality of all information provided to or received from its members, employees, volunteers, donors, consultants and board members.

I agree to keep all information regarding Generations and its members, tenants and participants, in strict confidence.

I agree to uphold and abide by the policies and procedures of Generations.

I authorize Generations to conduct a background check on me which may or may not include, but not be limited by, contacting my references regarding my conduct and character.

I may terminate my relationship with Generations at any time for any reason, just as Generations expressly reserves the right to terminate any volunteer at its sole discretion.

Applicant Signature _____ Date _____