



DMME Volunteer Application Form

A. GENERAL INFORMATION *(please print)*

Name:

Last First Middle Initial

Mailing Address:

STREET, BOX, ROUTE, APT # CITY STATE ZIP

County or Independent City of Residence:

B. CONTACT INFORMATION

Phone (please indicate which phone number is preferred):

- Home ()
 Mobile ()
 Business ()

E-mail:

Emergency Contact:

Name Phone: () Day () Evening

C. REFERENCES

NAME PHONE (DAY & NIGHT) RELATIONSHIP

STREET, ROUTE, BOX, APT# CITY STATE ZIP

NAME PHONE (DAY & NIGHT) RELATIONSHIP

STREET, ROUTE, BOX, APT# CITY STATE ZIP

NAME PHONE (DAY & NIGHT) RELATIONSHIP

STREET, ROUTE, BOX, APT# CITY STATE ZIP

D. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a volunteer.)

Have you ever had any **criminal convictions** related to:

- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| a. alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. child abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. spousal abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. elder abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever been convicted
of any violation(s) of law? Yes No

If "yes" to any of the above, please describe.

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service for the DMME volunteer program.

Signature, Volunteer

Date

E. VOLUNTEER AGREEMENT

- I understand that I am a volunteer for DMME and will receive no financial compensation or benefits for assistance rendered in any capacity.
- I agree to abide by all policies and procedures of DMME.
- I understand that I am responsible for my personal injuries and that I will hold DMME harmless.

Signature, Volunteer

Date

Signature, Supervisor

Date

Signature, Director DMME

Date
