

CRIMINAL HISTORY:

Have you ever been arrested? Yes No If "Yes" how many times and explain: _____

Have you ever been convicted of a crime? Yes No If "Yes" please explain: _____

Do you give us permission to check this information? Yes No

PERSONAL INFORMATION:

Why are you interested in volunteering for the MHA? _____

What experiences, hobbies, or specialized skills do you have which might be helpful for work as a volunteer at the MHA? _____

With what service or community groups are you affiliated? _____

How did you learn about the MHA? _____

REFERENCES:

Please list three local references who we may contact.

1). Name: _____ Phone: _____

Address: _____

Occupation: _____ Place of Employment: _____

Relationship: _____ How long have you known this person? _____

2). Name: _____ Phone: _____

Address: _____

Occupation: _____ Place of Employment: _____

Relationship: _____ How long have you known this person? _____

3). Name: _____ Phone: _____

Address: _____

Occupation: _____ Place of Employment: _____

Relationship: _____ How long have you known this person? _____

EMERGENCY CONTACT:

Emergency contact person: _____

Address: _____

Home Phone: _____ Work Phone: _____ Relationship: _____

VOLUNTEER CERTIFICATION:

I hereby certify that the information on this application is accurate and complete to the best of my knowledge:

Signature _____

Date _____