



Southside
**COMMUNITY
CENTER**

Volunteer Application Form

Confidential

Name: _____ Today's Date: __/__/__
Last First MI

Address: _____
Street City State Zip Code

Telephone: _____

Who should we contact in an emergency?

Please list at least two people who we could contact if, for example, you are taken ill while volunteering and need somebody to collect you, or who could organise support for you.

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU (i.e. partner, parent, friend)
1		
2		
3		

Do you have a medical condition you want us to be aware of?

If so, please give brief details below, including any medication you take

References

Please list 3 personal references, who are not relatives

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU
1		
2		
3		

I hereby authorize the Southside Community Center the right to check my background through any law enforcement agency.

Signature

Date

I certify that all statements are true and understand that any falsification or wilful omission shall be sufficient cause for dismissal or refusal of volunteer services. I authorize checking my references.

Signature

Date

The Southside Community Center is an equal opportunity/affirmative action employer, and does not discriminate because of age, race, sex, religion, national origin, handicap, or veteran status.

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OFFICE USE ONLY

Background check ___ Pass/Date _____

 ___ Fail/Date _____

SCC Director Signature _____