



**GIRLS INC. OF KINGSPORT
VOLUNTEER APPLICATION**

DATE _____

NAME _____ SSN _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER (____) _____ ARE YOU 18 YEARS OR OLDER? YES NO

GENERAL AREAS OF INTEREST

REFERENCES: Give the names of 3 persons not related to you, whom you have known at least 1 year.

NAME	PHONE NUMBER	RELATIONSHIP	YEARS AQUAINTED

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ If yes, please describe. _____

What can be done to accommodate your limitation?

In case of emergency notify: _____
Name

Address _____ Phone _____

I certify that the facts contained in this application are true and complete to the best of my knowledge, I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize a personal criminal background check, as well as a check into my driving record.

SIGNATURE

DATE