

# Extraordinary Parent's Night Out Volunteer Application

Your information will be secure!

It is necessary to have your S.S. # and D.L.# in order to do a background check.

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # (        ) \_\_\_\_\_

Social Security # \_\_\_\_\_

DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_        How long at current address: \_\_\_\_\_

Washington Driver's License # \_\_\_\_\_

Or other Identification \_\_\_\_\_

Two References - not related to you:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please mail or return to:

Central Kitsap Christian Church

6735 Stampede Blvd. NW

Bremerton, WA. 98311

360-692-6948

Thank you for wanting to volunteer for our event, we look forward to having your help!

If you have any questions or need more info, email Mary Phipps at [mphipps50@gmail.com](mailto:mphipps50@gmail.com)

