



SHAKER  
HEIGHTS

# Volunteer Application

All information will be treated confidentially.

Please answer all questions as completely as possible.

PERSONAL INFORMATION			
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other:
Last Name:	<input type="text"/>	First Name:	<input type="text"/> Middle Initial: <input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/> E-Mail: <input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/> Business Phone: <input type="text"/>
Date of Birth:	<input type="text"/>	Social Security No:	<input type="text"/>
EMERGENCY CONTACT			
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Day Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>

AVAILABILITY	
Are you employed?	<input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired
	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift
Are you a student?	<input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
How much time do you want to commit to disaster volunteering?	<input type="checkbox"/> Minimum Training/Emergency Only <input type="checkbox"/> Full Training/Monthly Activity

LICENSES (Drivers and Professional)				
Type:	<input type="text"/>	State:	<input type="text"/>	Number: <input type="text"/> Expiration: <input type="text"/>
Type:	<input type="text"/>	State:	<input type="text"/>	Number: <input type="text"/> Expiration: <input type="text"/>
Type:	<input type="text"/>	State:	<input type="text"/>	Number: <input type="text"/> Expiration: <input type="text"/>

LANGUAGES (Including American Sign Language)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SPECIAL SKILLS (Medical/Veterinary, Emergency Response, Social Services, Special Needs, Clerical/Computers, Technical/Engineering/Construction, etc.)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	



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I authorize investigation and verification of all statements contained on this application for volunteer service. It is understood that any misrepresentation or omission of facts, regardless of date of discovery, may be considered cause for termination or the withdrawal of an offer for volunteer service.

I verify that the information I have given above is current and accurate to the best of my knowledge. I also verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this information is incomplete or untrue, I understand that my volunteer assignment can and will be terminated.

I authorize a criminal records check to be conducted.

The typing of my initials below serves as my signature.

Volunteers Signature:  Date:

Parental Consent:  Date:   
(if applicable)