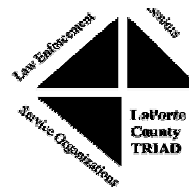


La Porte County TRIAD Volunteer Application
Please Print



Today's Date: _____

First Name: _____ M.I. _____ Last Name: _____ DOB (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Check all that apply: Mr. Mrs. Ms. Sr. Jr. Dr. Other: _____

Emergency Contact (E.C): _____ E.C. Phone: _____ E.C. Relation: _____

Area(s) of volunteering interest – please check all that apply:

- Pill Drops Project Lifesaver Health Fairs Grant Writing Fundraising
- Elderly Care Home Repairs Snow Removal Yard Work Marketing
- Other: _____

Availability: (circle and check all that apply): **S M T W T H F S** Morning Afternoon Evening

Do you have any restrictions that might affect your volunteer placement with TRIAD? No Yes; Please Explain: _____

Personal References (no relatives):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Volunteer Commitment

- I authorize my references to provide information to La Porte County TRIAD that is relevant to my volunteerism.
- I agree to respect the dignity and rights of each individual and maintain all client information in strict confidence.
- I understand that if I am over 18, and conducting home visits, a criminal background check will be conducted before my volunteering may begin.
- I understand that making the commitment to volunteer means I will be present and on time as scheduled.

(Applicant Signature)

(Date)

COMPLETE BELOW IF YOU ARE 18 AND OVER – La Porte County TRIAD Release of Information

Last Name: _____ First Name: _____ M.I. _____ Maiden _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

I hereby authorize and give consent to the release of my criminal and/or traffic record to any and all city, county, state police and sheriff's departments to La Porte County TRIAD as is required for the purpose of volunteerism.

I hereby waive, release and surrender any and all rights to claims which I have against the city, county or state mentioned above, or any of its officers or employees as a result of the release of such records.

Signature of Applicant

Signature of TRIAD Representative

RECORDS CHECK COMPLETED BY:
