

D♥W House
Application for Volunteers

PERSONAL INFORMATION

Name: _____ Previous Names: _____
first last middle initial

Date of Birth: ____/____/____ Driver's License Number: ____-____-____

Address: _____ Phone Number: (____) ____-____

Have you ever been arrested/convicted of a crime? Yes _____ No _____

If yes, please explain: _____

Do you have need of any accommodations for disabilities?

Is there a specific area in which you would like to volunteer?

*[There is work to do directly with the moms as well as on the D♥W House property.
Please list any specific skill(s) that you would like to share with the moms.]*

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: (____) ____-____
first last middle initial

VEHICLE INFORMATION

Year, Make, and Model of Vehicle: _____

License Plate Number: _____

Insurance Company: _____

To be completed by a D♥W Representative

Passed Safety Inspection: _____ Date: _____

TERMS OF AGREEMENT

For the safety of the D♥W House residents and our volunteers, a background check will be conducted. The D♥W Board requests that all male volunteers would refrain from visiting the D♥W House without a member of the D♥W Board present. Please sign below in agreement to these guidelines for volunteering:

Volunteer Signature: _____ Date: _____