

OHI

| Last Name: | | First Name: | | _ Middle Initial | : |
|--|---|-------------|-------------------------|------------------|---------|
| Street Address: | | | | | |
| City/Town: | | State: | | Zip: | |
| E-Mail: | | | Month & Day of Birth: | | (MM/DD) |
| Phone Numbers: | Day: | | Evening: | | |
| | Cell: | | | | |
| Current Employer | : | | Employer's Telephone #: | | |
| Employer Address | 3: | | | | |
| City/Town: | | State: | | Zip: | |
| Volunteer Work de | esired: | | | _ | |
| EMERGENCY | CONTACT INFORMA | TION: | | | |
| Name: | | | Relatio | onship: | |
| Daytime Phone: _ | | | Evening Phone: | | |
| MISCELLANEC | DUS: | | | | |
| $\square^{\text{YES}} \square^{\text{NO}}$ | Have you ever been convicted of crime? If yes, please explain: | | | | |
| $\square^{\text{YES}} \square^{\text{NO}}$ | Have you ever been investigated for abuse, neglect, mistreatment or exploitation? If yes, please explain: | | | | |

I acknowledge that I am subject to a background check prior to being accepted as a volunteer in good standing. I understand that the information I provided will be used in a background screening. I understand that in the course of volunteering, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. As a volunteer, I understand that my likeness, voice, and words may be used in any and all media format, to promote the Brewer Food Pantry.

I affirm that I understand the above information and that all information submitted is true and complete.

Signature

Date

Prospective volunteers shall receive consideration without discrimination because of race, color, sex, sexual orientation, age, national origin, disability, against veterans of the Vietnam Era or against veterans with disabilities.