



**601 Cleveland Ave NW Suite D  
Canton OH 44702  
(330) 455-8111**

## Volunteer Application

(Please print clearly in black or blue ink. Please make sure you sign and date this form.)

### Personal Information

First Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you been a resident of Ohio for the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR MOST RECENT BCI**

**Please list any certifications or trainings relevant to working**

\_\_\_\_\_

## Present Employer

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position/ Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

## References

Name/ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you know this person? \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name/ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you know this person? \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name/ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you know this person? \_\_\_\_\_ Relationship to you: \_\_\_\_\_

I certify that false information may be grounds for immediate termination of volunteer experience at any point. I authorize the verification of any all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_