

Haitian-American Historical Society Volunteer Application

This volunteer application is to be completed in full. Information will be treated as confidential and is needed to help us provide a safe environment for youth who participate in our programs.

Name (First, Middle, Last): _____ Date: _____

(List any other names that have been used, including maiden or previous married name)

Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____

Best time to call: _____

School/Address: _____

SS# _____ - _____ - _____ Birth date: _____ Drivers License Number: _____

Marital Status: _____ Spouses Name: _____

Emergency Contact: _____ Phone: () _____

Number of Children: _____ Ages: _____

Do you have any medical training or are you CPR certified? _____

References:

Reference name: _____

Reference address: _____
Street City State Zip

Reference phone and e-mail: _____

Reference name: _____

Reference address: _____
Street City State Zip

Reference phone and e-mail: _____

By signing below, you are saying that you have filled out this application truthfully.

Signature _____ Date _____