



## **FASD COMMUNITIES VOLUNTEER APPLICATION**

ANY QUESTIONS ABOUT THIS FORM OR VOLUNTEERING, PLEASE CONTACT US AT [FASDCommunties@gmail.com](mailto:FASDCommunties@gmail.com)

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

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I am interested in volunteering for the following types of activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Have a Valid (State) Driver's License? Yes No

License Number: \_\_\_\_\_ Vehicle License Plate Number \_\_\_\_\_

Have You Ever Been Convicted For Violation of Any Laws, Traffic or Otherwise? Yes /No  
If Yes, Please Explain:

\_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities? Yes / No  
If Yes, Describe:

\_\_\_\_\_

Who to Notify In Case Of an Emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a Background check.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date