

Do you have any theater experience?

Licenses, permits or certifications

CPR Certified _____ Date _____

Activities of interest at JESTERS (check as many as apply)

- buddy system / mentor
- singing
- dance
- registration
- leading group activities
- staging
- instruments
- other: _____

I am comfortable being paired with a person who has (check as many as apply)

- mental disability
- physical disability

Fluent in other languages?

- Sign language
- Spanish
- Other

Tshirt size? _____

Legal History:

- | | | |
|---|-----|----|
| 1. Are you free of illegal substance abuse? | Yes | No |
| 2. Have you ever been convicted of a criminal offense? | Yes | No |
| 3. Have you ever been arrested or convicted for the use or sale of drugs? | Yes | No |
| 4. Have you ever been treated for alcohol or substance abuse? | Yes | No |
| 5. Have you ever been arrested or convicted of child neglect, abuse, or any form of sexual misconduct? | Yes | No |
| 6. Has your driver's license ever been suspended or revoked? | Yes | No |
| 7. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of people with special needs? | Yes | No |

FOR ANY "YES" ANSWERS, NUMBERS 2-7, PLEASE ATTACH A DETAILED EXPLANATION. THANK YOU

We are required to run a criminal background check on all volunteers. Upon completion of this volunteer application form you will be given a copy of our Protection Policy and a form to fill out for the background check.

Personal References: Please list ALL information for your references. Please include a co-worker, friend, and employer/supervisor.

Name _____
Address _____
Phone _____ Relationship _____

Name _____
Address _____
Phone _____ Relationship _____

Name _____
Address _____
Phone _____ Relationship _____

Emergency contact name: _____

Phone number: _____

Signature

Date