

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Safe Embrace to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Our policy also requires that any individual wishing to volunteer for Safe Embrace must submit a current fingerprint card obtained through the City of Reno, Sparks, or Washoe County.

Thank you for completing this application form and for your interest in volunteering with us.