Volunteer Application Form
The Norman Spruill House Foundation

Name _____

Address _____

City_____ State_____Zip Code_____

Date of Birth _____T-Shirt Size _____

Phone (Day) _____ (Evening) _____ Best time to call: _____

Male ( ) Female ( ) E-Mail Address _____

Emergency Contact _____ Phone _____

Please list any languages that you speak, read and/or write fluently, in addition to English: _____

How did you hear about The Norman Spruill House Foundation? _____

_____

Why are you interested in volunteering with The Norman Spruill House Foundation?

_____

_____

_____

_____

_____

Have you volunteered for other organizations? ____Yes ____No *(if you checked yes, please continue below)*

Organization Name: _____

Describe volunteer service below:

_____

_____

_____

Please describe any work or personal experience you think might be relevant to our program:

_____

_____

_____

Do you have any hobbies or special talents?

_____

_____

_____

Please list 3 references:

Name	Relationship	Time known	Phone number
Name	Relationship	Time known	Phone number
Name	Relationship	Time known	Phone number

Have you ever been charged with or convicted of the following: *(please check yes or no)*

a) Felony? ____Yes ____No

b) Any crime involving a sexual offense, an assault or the use of a weapon? ____Yes ____No

c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? ____Yes ____No

d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ____Yes ____No

If you answered Yes to any of the above four items, please explain._____

_____

Medical History and Information

All of this information is kept confidential and will only be shared with the medical professional attending the retreat. It is extremely important that you list all current allergies to medication and or foods, along with any over the counter or prescription medications.

Do you have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction:_____

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Allergies: _____ Reaction:_____

Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

_____

_____

Release for Publication

Please initial below

During the course of The Norman Spruill House Foundation experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By

initialing below, you may choose to grant or deny The Norman Spruill House Foundation permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of The Norman Spruill House Foundation. By granting permission below, you hereby release and hold harmless The Norman Spruill House Foundation from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____**YES**, I give permission to be photographed and/or videotaped for publication

_____**NO**, I deny permission to be photographed and/or videotaped for publication

TNSHF USE ONLY

Received Date:_____**Contacted:**_____**Orientation:**_____

Recommended Area of Service:_____

Date of Application: