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VOLUNTEER INFORMATION FORM

Personal Information

NAME (LAST, FIRST MIDDLE) (MAIDEN NAME)		SOCIAL SECURITY NUMBER		
PRESENT ADDRESS	CITY	STATE	ZIP	DATE
<u>PREVIOUS ADDRESS</u>	CITY	<u>STATE</u>	<u>ZIP</u>	<u>DATE</u>
<u>REVIOUS ADDRESS</u>	CITY	<u>STATE</u>	<u>ZIP</u>	<u>DATE</u>
<u>PREVIOUS ADDRESS</u>	CITY	<u>STATE</u>	<u>ZIP</u>	<u>DATE</u>
DATE OF BIRTH	ANY OTHER LEGAL NAME(S) YOU HAVE GONE BY			
NAME TO BE REFERED AS	HOME PHONE #	ALT. /CELL PHONE #		
EMERGENCY CONTACT PERSON	EMERGENCY CONTACT PHONE NUMBER			

For Office Use Only
LAST

FIRST

MIDDLE

Education

HIGHEST LEVEL OF EDUCATION COMPLETED
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

Former Employers

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SUPERVISOR	

TITLE		PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			
2) NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SUPERVISOR	
TITLE		PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

3) NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SUPERVISOR	
TITLE		PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References

Below, give the names of three persons you are not related to.

NAME	ADDRESS	PHONE	BUSINESS/ YEARS ACQUAINTED
1			
2			
3			

REQUIRED (Investigator-NA)

Veterinary Reference-No Vet Tech or Assistant Name

Name/Title _____ Phone _____

Address _____ City _____ State _____ Zip _____

Service Record

BRANCH OF SERVICE	DISCHARGE DATE
TYPE OF DISCHARGE	RANK AT DISCHARGE

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN AND HOW LONG AGO. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

“I (PRINT NAME) _____ CERTIFY THAT THE FACTS CONTAINED IN THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS FORM SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE SOCIETY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.”

EQUINE RESCUE AND PROTECTION HUMANE SOCIETY, INC. IS RELEASED FROM ANY AND ALL LIABILITIES PURSUANT TO ANY BODILY INJURY OR DEATH.

SIGNATURE

DATE

BEFORE THIS APPLICATION IS ACCEPTED, IT MUST BE NOTARIZED

NOTARY PUBLIC

You must sign this in front of notary

State of _____

County of _____

On this _____ day of _____, in the year 20 _____ before me,

the undersigned, a Notary Public in and for the state of _____ personally appeared _____ (the Principal) personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to this instrument; and acknowledge that he or she executed it as his or her voluntary act or deed.

I declare under penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud or undue influence, and that I am satisfied as to the genuineness and due execution of this document

NOTARY SEAL

Signature of Notary

PLEASE RETURN WITHIN 14 DAYS TO EQUINE RESCUE AND PROTECTION HUMANE SOCIETY, INC. @ P.O. BOX 4044, CLARKSVILLE, TN 37043