

FOR OUR INFORMATION

How did you hear about Tippecanoe County Child Care?

REFERENCES

(Please list two people, not related to you, who can comment on your potential as a volunteer)

Name	Job Title	Telephone Number(s)
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Address	City	State	Zip Code
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Name	Job Title	Telephone Number(s)
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Address	City	State	Zip Code
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PERMISSION TO CONTACT

I give Tippecanoe County Child Care, Inc. permission to contact the references listed above.

Signature of Applicant

Date

EMERGENCY INFORMATION

In the event of an emergency, notify one or both of the following people:

Name	Relationship	Phone
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Name	Relationship	Phone
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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a volunteering decision. This volunteer application shall be considered active for a period of time not to exceed six months.

I hereby understand and acknowledge that unless defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means the volunteer may resign at any time and the Agency may discharge the volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of volunteering, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Agency.

Signature of Applicant

Date