



## VOLUNTEER INFORMATION FORM

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relationship \_\_\_\_\_

### PLEASE READ AND SIGN/DATE BELOW

I hereby affirm that the information provided by me on this Volunteer Information form is accurate. I authorize the verification of this information and agree to submit to any post-verification of information, such as fingerprinting (live-scan) for felonies that the VJCC may lawfully require.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Referred by: \_\_\_\_\_ Start date: \_\_\_\_\_ Date Left: \_\_\_\_\_

Club/Class/Volunteer:  Director  Aikido  Boy Scouts  Judo  Karate  Kendo  RAP  
 VYC  Sr. Nutrition  Hula  Taiko  Pioneer Project  Venice Gakuen  Sr. Nutrition  
 Other: \_\_\_\_\_

Signature page of Child Abuse (CA) Prevention Guidelines/date received: \_\_\_\_\_

CA Prev Training/date completed: \_\_\_\_\_ Date live-scan completed: \_\_\_\_\_

Office Section completed by: \_\_\_\_\_