



**Volunteer Application**

Name:	
Address:	
City, State, Zip:	
Phone #:	
Cell #:	
Email Address:	
Date of Birth:	
Social Security #:	
Emergency Contact:	
Phone #:	
Relationship:	

Are there any health issues that may limit your ability to volunteer?     Yes     No

Is there a particular volunteer service you would like to provide?     Yes     No

*(Describe):* \_\_\_\_\_

Have you ever been arrested for a sexual offense?     Yes     No

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?     Yes     No

**Privacy Information and Release Authorization**

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date. I further understand that in consideration of my application, a background investigation may be conducted.

I understand the requested information is for the sole purpose of gathering accurate information for providers of volunteer services to the Butterfly Project Fund, Inc.

My signature below acknowledges that I have read, understand, consent and agree to the terms of this entire application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date