

A Program of The Friends Foundation P.O. Box 8 Dripping Springs, TX 78620

## **Volunteer Application and Consent to Release Information**

I understand The Friends Foundation's policy to protect clients and their privacy and agree to abide by this policy and the Volunteer Code of Ethics and Standards of Conduct.

I acknowledge, recognize and agree that although I may currently reside in Texas, in verifying identification a National criminal history check and driver's license record report will be conducted as part of the volunteer application, which necessitates providing my entire social security number, and do hereby grant permission for The Friends Foundation to have these searches performed. This criminal history and license check may be repeated at any time in the future, as deemed necessary.

I agree and affirm that the results of my criminal history check and any information obtained by the organization is privileged and will be maintained fully confidential for exclusive use of The Friends Foundation. I acknowledge, recognize and agree that criminal history check findings could preclude any volunteer opportunities I may provide to The Friends Foundation.

I attest and certify with my signature the information I have provided below is true and correct.

PLEASE PRINT	-		Date:		<del></del>
Legal Name: _	Last	First		Middle	
	Street Number				
Home Address:	City	State	Zip Code		
Date of Birth:		Driver's Licens			
	ırance Provided by: of Insurance Requ				
Home Phone: _	Cell Phone:				
Work Phone:		Circle	Preferred: Home	Cell Work	
Personal Email:		· · · · · · · · · · · · · · · · · · ·			
Work Email:		· · · · · · · · · · · · · · · · · · ·	Circle Pr	referred: Personal	Work
Emergency Cor	ntact:		Relationship:		
Phone:			_	re	vised: 06172020
Applicant's Siç	gnature:		·		

Thank you for volunteering, The Friends Foundation