

4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES ___ NO ___. If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES ___ NO ___. If yes, give a short description of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

B. **VOLUNTEER HISTORY** Please list your last three volunteer activities, starting with the most recent.

C. **PERSONAL REFERENCES**

Please list the name, address and telephone number of three individuals who are sufficiently familiar with you to provide a character reference.

(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)

Signature of Volunteer Applicant

Date



FOR OFFICIAL USE ONLY	
INTERVIEWED BY: _____	DATE _____
POSITION ASSIGNED: _____	
Is the position to which the volunteer has been assigned one that requires that references be contacted?	
YES _____	NO _____
If yes, have the references been contacted?	
YES _____	NO _____
_____ Signature and Title of Supervisor	