

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? Yes___ No___

Car Insurance? Yes___ No___

Car available to transport people or medical supplies? Yes___ No___

Please provide a photocopy of any professional licenses in the State of Illinois along with this application.

REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone Number	Length of Relationship

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Perry County Health Department that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Perry County Health Department. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Perry County Health Department or my termination as a volunteer.

Signature_____

Date_____