



# Volunteer Application

## GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## AVAILABILITY

Date you are available to begin volunteering? \_\_\_\_\_

Are you 18 years of age or older? YES  NO  Have you ever applied here before? YES  NO

If yes, when? \_\_\_\_\_

Have you ever volunteered here in the past? YES  NO

Have you ever been convicted of any law violation? (exclude minor traffic violations)

Include any plea of "guilty" or "no contest." YES  NO

If yes, give details:

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(A conviction will not necessarily disqualify an applicant.)

Do you have a valid driver's license? YES  NO

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you had a driver's license suspended or revoked in the last 3 years? YES  NO

If yes, give details:

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Do you have any physical limitations or restrictions that require a special accommodation? YES   
NO

If yes, give details:

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Do you have any specialized skills or resources that would benefit the goal/mission of the organization that you wish to volunteer? YES  NO

If yes, give details:

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**BACKGROUND CHECK AUTHORIZATION**

I hereby authorize Trinity Rescue Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency divulge any and all information, verbal or written, pertaining to me, to Trinity Rescue Inc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Trinity Rescue Inc., its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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