

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 | |