

Volunteer Application (CONT.)

<p>AUTHORIZATION & UNDERSTANDING:</p> <p>Please review and sign where indicated. I certify that the facts contained in this application are true and complete for all practical purposes. It may be verified by Warren County Handicapped Services, Inc. Should a volunteer position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Warren County Handicapped Services, Inc. is relieved of all commitments, and that I am subject to immediate discharge without recourse.</p>	<p>RELEASE:</p> <p>I hereby authorize all persons listed in my references to provide such information about me upon request at any time, with any information they have regarding my character, ability, job performance, and volunteer experience. I will hold such persons and the company harmless for such disclosures.</p>
<p>I have read and understand these conditions.</p>	
<p>Applicant Signature</p>	<p>Date</p>

Parental Permission (minors only): Must be signed by your parent/guardian before you are authorized by Warren County Handicapped Services, Inc. to volunteer.

<p>AUTHORIZATION & UNDERSTANDING:</p> <p>Please review and sign where indicated. I give permission for my child to volunteer. I understand that my child should be picked up promptly (if necessary) when his/her volunteer time is over and that he/she will be expected to dress appropriately for work in a public place.</p>	
<p>I have read and understand the above authorization and discloser that my child has signed and agree to the conditions.</p>	
<p>Parent/Guardian Signature</p>	<p>Date</p>