

Guitars Not Guns – Volunteer Application

Full Name: _____ Social Security Number: _____

Street Address: _____

City: _____, State _____ Zip Code _____

Phone Numbers: Home _____, Cell _____, Business _____

E-mail address: _____

Date of Birth _____, Drivers License Number _____, State _____

Occupation _____ Employer: _____

Street Address: _____

City: _____, State _____ Zip Code _____

Experience working with youth in other organizations: _____

References, please list those who are familiar with your character as it pertains to working with youth.

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

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Additional information (Circle each answer)

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been charged with child neglect or abuse? Yes No
- Has your driver's license ever been suspended or revoked? Yes No
- Other than above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No

Explanation if you answered yes to any of the above: _____

I understand that:

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Guitars Not Guns and the officers and volunteers thereof.
- In signing this application, I have read the attached information and apply for registration with Guitars Not Guns. I agree to comply with the Bylaws, and the Rules and Regulations of Guitars Not Guns. I affirm that the information I have given on this form is true and correct.

Signature of applicant

Date

Approved by

Date

Guitars Not Guns Title