

information is obtained concerning the character, general reputation, personal characteristics and mode of living of the undersigned. By submitting this application, the undersigned authorizes Franciscan Friends of the Poor to make whatever inquiries that it deems necessary in connection with this application. The undersigned authorizes and instructs any person or consumer reporting agency to compile and furnish to the Franciscan Friends of the Poor any information that it may have or obtain in response to such request. The Franciscan Friends of the Poor may deny this application or terminate volunteer services in the event that it finds that any statements made herein are untrue. The Franciscan Friends of the Poor reserves the right to deny or terminate the volunteer services of the undersigned applicant at any time and for any reason.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, _____ to provide volunteer services to the Franciscan Friends of the Poor, Fr. Woody's Haven of Hope. I also give Franciscan Friends of the Poor my consent to obtain any emergency medical treatment necessary for the safety of my child.

SIGNATURE OF PARENT/GUARDAIN: _____ **DATE:** _____

VOUNTEER DRIVERS INFORMATION: *(Required for any volunteer position which requires the volunteer to drive a vehicle)*

Do you have a valid driver's license? _____ Yes _____ No

Driver's License No.: _____ State: _____ Expiration: _____

Do you have in effect an automobile insurance policy: _____ Yes _____ No

If so, please provide the Name of the Insurance Company: _____

Policy Number: _____ Expiration date: _____