

Education Information:

High School: _____ Degree: _____ Year graduated: _____
College Graduate: _____ Degree: _____ Year graduated: _____
Other training: _____

Employment Information:

I am: Employed Unemployed Retired Student
Current Employer's Name _____ Position _____
Address _____
Phone _____
Dates of Employment _____ Supervisor _____

References:

List three references over 21 who are not related to you, that we may contact in connection with your application to volunteer.

	Reference 1	Reference 2	Reference 3
NAME			
Address			
Daytime phone #			
Relationship to you			
Years known			

Have you ever been convicted of or pled guilty or no contest to a crime other than a minor traffic violation?

Yes No

Criminal background check must be obtained prior to volunteering.

Date: _____ Signature: _____

Return completed application to Beacon at executivedirector@beaconclinicpa.org.