

**HUNTERDON COUNTY
VOLUNTEER REGISTRATION AND SCREENING**

(Please Print)

Name: _____

Address: _____

Telephone: _____

Date of birth: _____ Social Security Number (optional): _____

Driver's license number: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

Telephone: _____

PROGRAMS:

<input type="checkbox"/> Volunteer Driver*	<input type="checkbox"/> Mr. Fixit
<input type="checkbox"/> Volunteer Shopper	<input type="checkbox"/> SHIP
<input type="checkbox"/> Volunteer Bill Payer	<input type="checkbox"/> VITA
<input type="checkbox"/> CWEP	<input type="checkbox"/> Other (specify) _____

**Volunteer Drivers:* Have you completed a defensive driving course in the last three years?

Yes Date: _____
 No

I hereby authorize the County of Hunterdon to conduct a background check relevant to my volunteer service which may include criminal history and/or motor vehicle records. I understand my acceptance for participation and continued participation will be dependent upon the results.

Volunteer Signature

Date

FOR PUBLIC SAFETY USE ONLY

Approved: Denied: Date: _____ Signature: _____

Program(s):

<input type="checkbox"/> V. Driver	<input type="checkbox"/> Mr. Fixit
<input type="checkbox"/> V. Shopper	<input type="checkbox"/> SHIP
<input type="checkbox"/> V. Bill Payer	<input type="checkbox"/> VITA
<input type="checkbox"/> CWEP	<input type="checkbox"/> Other (specify) _____