

VOLUNTEER REQUIREMENTS AND REFERENCES:

Are you completing these volunteer hours for school or other community requirement? ___ Yes ___ No

If so, please complete the following:

School / Community organization: _____

Church or Congregation (if applicable): _____

Requirements of volunteer experience (necessary hours, duties, etc.): _____

Supervisor's name, title and phone number: _____

Please List References:

1. _____ phone _____

2. _____ phone _____

Please attach any necessary paperwork

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Address _____

Phone Number _____

All information is accurate to the best of my knowledge. I acknowledge a 1-year commitment for EPIC access is required.

SIGNATURE OF VOLUNTEER _____

DATE _____

