

Volunteer Application

Please complete the following application. Please print clearly. Thank you for your interest in WNS!

Name		Today's Date
Address		
City, State, Zip		
Email		
Home Phone	Cell Phone	Other Phone

Circle two preferred method(s) above that we should use to contact you.

Are you at least 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Birth: (mo./day)
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You must be 18 years old to volunteer with WNS.

Do you have a valid Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State of issue:
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Please identify your current employer (if applicable):

Company	Position	Supervisor

Please list any recent volunteer experience:

Organization	Position	Supervisor

Please provide 3 personal references:

Name	Phone(s)	Relationship

Please provide an emergency contact:

Name	Phone(s)	Relationship

Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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I certify that the information provided in this application is accurate and complete. I authorize WNS to verify information provided on this form and to conduct a limited background check.

Signed:	Date:
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Return application to WNS at 551 N. Boeke Rd. Evansville, IN 47711 Fax: (812) 479-7573 Thank you!