



Good Beginnings
of the Upper Valley

P.O. Box 5054
West Lebanon, NH 03784

VOLUNTEER APPLICATION

Name _____ D.O.B. _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address (if different than above) _____

Home Phone: _____ Work: _____ Cell : _____

E-Mail Address _____

Previous volunteer experience: _____

How did you hear of this Volunteer Program? _____

Areas of Interest and Skills: _____

Languages Spoken: _____

Please Circle All Available Days and Times

<u>SUN</u>	<u>MON</u>	<u>TUES</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>SAT</u>
A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
EVE.	EVE.	EVE.	EVE.	EVE.	EVE.	EVE.

Physical limitations we should be aware of? _____

Are you willing to visit with a smoker? Yes _____ No _____

Please state any relevant allergies (household pet, etc.): _____

Other considerations (Towns willing to travel, prefer to work with first-time moms, etc.):

Have you a valid driver's license? Yes No

License # _____ State _____

Automobile Insurance Co. _____

Liability Coverage Limit: _____

(During the course of your service as a Good Beginnings Volunteer, you may be transporting members of your Good Beginnings' families. Therefore, you will be asked to obtain a "certificate of liability" from your insurance company, with Good Beginnings listed as the "certificate holder".)

Person to Notify in an Emergency _____

Relationship to this person _____

Home Phone: _____ Work: _____ Cell : _____

Have you been convicted of a felony in the last 5 years? _____ If yes, please explain the nature of the crime and the disposition of the case _____

(A criminal record check will be processed before you begin working with Good Beginnings families.)

Please list three personal references:

Name	Relationship	Phone Number	Years known
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I hereby authorize the release of data or information necessary for my participation in the Good Beginnings program. I certify that the information on this application is true.

Date _____ Signature _____