

Valley County Board of Community Guardian

219 N. Main
PO Box 1350
Cascade, ID 83611
www.co.valley.id.us
Phone 208-382-7100



Volunteer Application

Full Name: _____ Date of Birth: _____

Physical Address: _____
Street City State Zipcode

Mailing Address if different: _____

Male Female Home Phone: _____ - _____ - _____ Cell Phone _____ - _____ - _____

Who referred you to us? _____

Why do you want to be a volunteer? _____

Are you currently employed? Occupation: _____ Work Phone # _____ - _____ - _____

Yes No Employer name: _____

Employer address: _____

List previous volunteer experience:

Date Project or Group

Date Project or Group

Date Project or Group

Date Project or Group

Date Project or Group

Date Project or Group

Have you received any volunteer training? Yes No

Date Type of Training Received

Date Type of Training Received

Date Type of Training Received

Date Type of Training Received

Date Type of Training Received

Date Type of Training Received

What date can you start as a volunteer guardian? _____

Driver's license number: _____ State: _____

Can you furnish transportation for others? Yes No

If so, is your automobile insured for the legally recommended minimum liability and can you provide proof? (\$5000 property damage & \$10,000 personal injury) Yes No

Volunteer Agreement

I agree to respect the confidential nature of case information, as well as my personal contacts with clients. I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training.

Volunteer Signature

Date

References

List the names, addresses, and phone numbers of at least three (3) personal references.

Name: _____

Address: _____
Street City State Zip Code

Phone Number(s) _____

Name: _____

Address: _____
Street City State Zip Code

Phone Number(s) _____

Name: _____

Address: _____
Street City State Zip Code

Phone Number(s) _____