



## ***Volunteer Information Sheet***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Division/Department: \_\_\_\_\_

The Following must be sent to HR Before a person can begin volunteering:

\_\_\_\_\_ Volunteer Application

\_\_\_\_\_ 3 Letters of Reference/Reference Verification

\_\_\_\_\_ Volunteer Orientation

\_\_\_\_\_ Volunteer Job Description

\_\_\_\_\_ HireRight Disclosure & Authorization Form

\_\_\_\_\_ Castillo Request for Search Form

\_\_\_\_\_ Copy of Driver's License or State ID

\_\_\_\_\_ Copy of Social Security Card

Director Signature: \_\_\_\_\_

**Notes:**

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