



**AVAILABILITY**

	Mon	Tues	Wed	Thurs	Fri	Sat
Days - 9am-4pm						
Early Evenings-4pm-6pm						
Nights – 6pm-9pm						

**AREAS OF INTEREST**

**Program Team**

- New Member Meetings
- Program Support
- Goodie Gang
- Workshop Facilitation

**Clubhouse Team**

- Greeters
- Library
- Mailings
- House Beautiful Team

**Mental Health Professionals**

- Group Facilitation
- Membership Plans
- New Member Meetings

**Outreach & Special Events**

- Community Outreach
- Gala
- Walk for Wellness
- Surviving in Style Fashion Show
- Golf Tournament

**Noogieland Team (Children’s Programming)**

- Family Days
- Noogie Nights
- Camp Open Arms

**REFERENCES (one personal & one professional preferred)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**PERSONAL INFO**

**Are you a survivor or family member survivor?**

- Yes; Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- No

**Birth Date\*:** \_\_\_\_\_

**\*This information is used for Police Clearance purposes.**

**READ AND SIGN**

Have you previously been convicted of a felony ? \_\_\_\_\_

If yes, please indicate on a separate sheet of paper the convictions, dates and circumstances.

Have you ever been arrested for child abuse or a sexual offense? \_\_\_\_\_

I hereby authorize the appropriate police agencies to release information on any file record in my name pertaining to child physical or sexual abuse.

I certify that all information given on this volunteer application is true, complete, and correct.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_