



Westminster Fallfest Volunteer Application:

In accordance with Westminster Fallfest, Inc. Volunteer Screening policy and with the interest of the safety of our attendees and fellow volunteers in mind, we ask your cooperation by providing the following information. **Please print legibly.**

Complete name: \_\_\_\_\_  
Last Name Full First Name Full Middle Name

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Organization represented: \_\_\_\_\_

Emergency Contact Information:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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How long have you lived at this address? \_\_\_\_\_

Other cities you have been a resident of: \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

The information I have provided may be verified at anytime, and I give my permission to Westminster Fallfest, Inc. to make inquiry including a registered sex offenders background check concerning my suitability to act as a Westminster Fallfest, Inc. volunteer. I authorize and request others to make available to any duly authorized representative of Westminster Fallfest, Inc. any information relevant to my position as a volunteer. The relationship between Westminster Fallfest, Inc. and volunteers is an “at will” arrangement, and it may be terminated at any time without cause by either the volunteer or Westminster Fallfest, Inc. I am responsible for informing Westminster Fallfest, Inc. of all changes regarding information contained on this application, and that I may be asked to provide updated information at anytime.

Continued on reverse side Please answer the following questions:



Do you use illegal drugs? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of or have charges pending for neglect, abuse or assault? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of or have charges pending for a criminal offense? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain:

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Are you listed on ANY Sex Offenders Registry? \_\_\_\_\_ yes \_\_\_\_\_ no

I affirm that I have read and understand this Volunteer Application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

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

Date: \_\_\_\_\_

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Check completed by: \_\_\_\_\_

Date: \_\_\_\_\_