

Sheridan Ice LLC Volunteer Application

Date: _____ Phone: _____ Other Phone: _____
Name: _____ Program or position you are most interested in: _____
Address: _____ 1st Choice: _____
City: _____ State: _____ Zip: _____ 2nd Choice: _____

What days would you be able to volunteer? _____

What hours would you be available? _____ Would you be available on weekends? _____

Do you have to complete a certain number of volunteer hours? ____ Yes ____ No

If yes, how many and when do they have to be completed? _____

What experience do you have that is relevant to the program/position for which you are applying?

CERTIFICATIONS

Are you currently certified in any of the following? If so, please list the expiration date(s):

CPR _____ First Aid _____ EMT _____

WSI _____ CDL _____ Other _____

REFERENCES (Please list 3 references-do not list family members)

Name	How do they know you?	Phone	Years known
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(1) _____

(2) _____

(3) _____

BACKGROUND CHECK

Have you ever been convicted of any child abuse offense? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

Does your name appear on the State Central Registry of those
people who have been investigated for child abuse offenses? _____ Yes _____ No

Why are you interested in volunteering at the Sheridan Ice LLC facility?

Do you have impairments (physical or mental) that we should be aware of? ____ Yes ____ No

If yes explain what type of accommodation you would need to volunteer in the program:

In case of emergency, contact _____ Phone: _____ Relationship: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this Volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration as a volunteer and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application, I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a decision for the volunteer position. I release such persons and organizations from any legal liability in such statements.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____