



4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES \_\_\_ NO \_\_\_. If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

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5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES \_\_\_ NO \_\_\_. If yes, give a short description of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

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**B. VOLUNTEER HISTORY** Please list your last three volunteer activities, starting with the most recent.

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**C. PERSONAL REFERENCES**

Please list the name, address and telephone number of three individuals who are sufficiently familiar with you to provide a character reference.

(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

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FOR OFFICIAL USE ONLY	
INTERVIEWED BY: _____	DATE _____
POSITION ASSIGNED: _____	
Is the position to which the volunteer has been assigned one that requires that references be contacted?	
YES _____	NO _____
If yes, have the references been contacted?	
YES _____	NO _____
_____ Signature and Title of Supervisor	