

Language(s): () English () Spanish () Other _____

Which days could you work: (Circle all that apply) M T W Th F

Hours each day: _____ Circle one or both: AM PM

What date are you available to begin? _____

Please read the following, sign and date the form:

I HEREBY GIVE MY CONSENT FOR ADA JENKINS CENTER TO CONDUCT ANY REFERENCE OR BACKGROUND CHECKS THAT MAY BE REQUIRED.

Volunteer's
Signature _____ Date _____

OFFICE USE ONLY

ASSIGNED TO	DATE	ASSIGNED TO	DATE

Comments:

Interviewer _____	Date _____
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() Entered Computer
() Follow up
r2/05