

Court Contact: _____ Phone: _____

Service Hours Needed: _____ Due Date: _____

EDUCATION

	Name and Location of School	Did you Graduate?	Diploma/ Degree
High School			
College or University			
Graduate School			
Other School			

EXPERIENCE

Please list any related work or volunteer experience which will support your application. If applicable, list fields of work for which you are licensed, registered, or certified. Give date(s), source(s) of issuance and number(s):

STATEMENT OF UNDERSTANDING

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. I understand that if I am under 18 years of age, I will need parental consent to volunteer at BHcare and subsidiaries.

I understand BHcare and subsidiaries consider the maintenance of confidentiality of all client information, including confirmation of participation in BHcare and subsidiaries programs and any information contained in a case record or a computer to be of paramount importance. I agree to keep all information about clients, including their participation in BHcare and subsidiaries programs confidential.

Upon being assigned a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant Signature: _____ Date: _____



Parent Signature: _____ Date: _____
(If under 18 years of age)