

[illegible]

ARE YOU WILLING TO BE CALLED IN AN EMERGENCY? IF NO, PLEASE EXPLAIN:

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, PLEASE EXPLAIN:

DO YOOU CONSENT TO A BACKGROUND CHECK? ()YES ()NO

CHECK ALL YOU HAVE RECEIVED: () GED ()HIGH SCHOOL DIPLOMA

()TECHINICAL OR ASSOCIATES DEGREE

()BACHELOR'S DEGREE. IF SO, WHAT IN?

()MASTER'S DEGREE. IF SO, WHAT IN?

PLEASE LIST ANY VALID LICENSES THAT YOU POSSESS:

HAVE YOU EVER OR ARE YOU CURRENTLY SERVING IN THE UNITED STATES ARMY? IF YES PLEASE EXPLAIN ()YES ()NO

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE?

PLEASE PROVIDE US WITH A REFERENCE

NAME	PHONE	YEARS KNOWN



Edgar County ESDA

P.O. Box 1002 Paris, IL 61944 217-466-3180

Email: esda@edgarcountyllinois.com

Please read the following carefully before signing this application:

I understand that this is an application for, and not a commitment or promise to, a volunteer opportunity with Edgar County ESDA I hereby certify that I have and will continue to provide information throughout the selection process, which includes this application and any number of interviews with Edgar County ESDA, that is true, correct, and complete to the best of my knowledge. I certify that I have and will continue to answer all questions to the best of my ability, and that I have no and will no withhold any information that would unfavorably affect my application for volunteer service. I understand that the information contained on my application will be verified by Edgar County ESDA. I also understand that any misrepresentations or omissions may be cause for immediate rejection as an applicant for volunteer service with Edgar County ESDA or my termination as a volunteer.

Signature: _____ **Date:** _____