

# Volunteer Application



## Contact Information

Name		
Street Address		
City, State, Zip Code		
Phone Number		
Date of Birth		T-shirt Size
E-mail Address		

## If under 18, please fill out

Guardian Name	
Home Phone	
Work Phone	
Email address	

## Person to Notify in Case of Emergency

Name	
Street Address	
City State, Zip Code	
Phone Number	
Email Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Volunteer or Guardian Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering.

## Volunteer Contact

Cathy Stidham  
260-310-6787 w  
260-348-8079 c

[cathy.stidham@oldnational.com](mailto:cathy.stidham@oldnational.com)

