

Please list three names of people we may contact as references. Please include one personal and one work related, if employed.

<u>NAME</u>	<u>ADDRESS (include Zip)</u>	<u>RELATIONSHIP</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Disclaimer Language for a Volunteer Application
Read Carefully before Signing This Application

I hereby consent to permit the East Shore District Health Department to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby authorize any organization affiliated with the East Shore District Health Department to investigate my background as necessary for the consideration of my application for the position of Volunteer Driver. I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with East Shore District Health Department from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Applicant's Signature _____ Date _____