



A Program of
The Friends Foundation
P.O. Box 8
Dripping Springs, TX 78620



Volunteer Application and Consent to Release Information

I understand The Friends Foundation's policy to protect clients and their privacy and agree to abide by this policy and the Volunteer Code of Ethics and Standards of Conduct.

I acknowledge, recognize and agree that although I may currently reside in Texas, in verifying identification a National criminal history check and driver's license record report will be conducted as part of the volunteer application, which necessitates providing my entire social security number, and do hereby grant permission for The Friends Foundation to have these searches performed. This criminal history and license check may be repeated at any time in the future, as deemed necessary.

I agree and affirm that the results of my criminal history check and any information obtained by the organization is privileged and will be maintained fully confidential for exclusive use of The Friends Foundation. I acknowledge, recognize and agree that criminal history check findings could preclude any volunteer opportunities I may provide to The Friends Foundation.

I attest and certify with my signature the information I have provided below is true and correct.

PLEASE PRINT

Date: _____

Legal Name: _____
Last First Middle

Home Address: _____
Street Number Street Name

Home Address: _____
City State Zip Code

Date of Birth: ____/____/____ Driver's License Number / State: _____
Copy of Driver's License Required

Automobile Insurance Provided by: _____
Copy of Proof of Insurance Required

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Circle Preferred: Home Cell Work

Personal Email: _____

Work Email: _____ Circle Preferred: Personal Work

Emergency Contact: _____ Relationship: _____

Phone: _____ revised: 102024

Applicant's Signature: _____

**Thank you for volunteering,
The Friends Foundation**