



**How did you hear of Garden Center Services?**

Tell us how you heard of our agency.

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail 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. I understand that Garden Center Services is required to conduct a criminal background check on me, in accordance with the Health Care Workers Background Check Act, and I have submitted my Social Security Number and birth date so that this check can be made.

Date of Birth:	
Social Security Number:	
Name (printed)	
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 with us.