

Please list the name and phone number of two employers, supervisors, teachers or non-relatives we may contact for reference:

1. _____

2. _____

Please list the names of BGSC volunteers with whom you are already familiar:

If accepted as a volunteer, I realize that I am not a paid employee and am not covered by workman's compensation insurance or guaranteed medical payment coverage which would compensate me should I be injured while on the premises of Blanco Good Samaritan Center. I fully release, discharge and forever hold harmless Blanco Good Samaritan Center, its Board of Directors, and other volunteers from any and all things, acts, omissions or conditions which may cause me damage or injury or any other problems.

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that I am not guaranteed a volunteer position by submitting this application. I understand that, if accepted, I will work within my assigned areas of responsibility without any monetary compensation.

By signing below, I authorize Blanco Good Samaritan Center to investigate my qualifications and references for the purposes of evaluating whether I am qualified for the position for which I am applying.

Applicant Signature _____ Date _____

Training Completed (Date): _____ Trained By: _____

