



ADULT VOLUNTEER APPLICATION

Name: _____

Social Security Number: _____

Address: _____

Phone Number(s): _____

Emergency Contact (list name, address and telephone number):

Please detail prior experience working with children:

Describe any special talents or interests:

Please provide the names, addresses and telephone numbers for three (3) references who can attest to your character and experience working with children. Do not include relatives:

1. _____

2. _____

3. _____

I understand that I must complete Bureau of Criminal Investigations (BCI), Wyoming Police Department and Hamilton County Sheriff's background checks prior to working with Wyoming Youth Services (WYS) in either a paid or volunteer capacity. I further grant permission to WYS and the Wyoming Police to conduct a background check.

Signature

Date