

Have you been involved professionally or personally with the following programs/agencies? If yes, please give a brief explanation.

Children Services (CSB)? YES NO
 CASA? YES NO

Foster Care? YES NO
 Other Agencies offering services to children? YES NO

Court System? YES NO

Please explain: _____

How did you learn about our program? _____

Do you have any particular skills or hobbies you would specifically be interested in sharing with the Visitation Center or our families?

EMPLOYMENT HISTORY (beginning with the most current)

Employer:	Dates:		Job Duties:
Address:	From:	To:	
Job Title:	Phone Number:		
Supervisor's Name:			
Employer:	Dates:		Job Duties:
Address:	From:	To:	
Job Title:	Phone Number:		
Supervisor's Name:			
Employer:	Dates:		Job Duties:
Address:	From:	To:	
Job Title:	Phone Number:		
Supervisor's Name:			

I certify that the statements herein contained are true to the best of my knowledge. I understand that any question contained herein or any failure to completely answer any question contained herein, is cause for dismissal from service to Greene County Visitation Center. I further understand that a record check with police agencies may be conducted as part of the application process, and I give Greene County Visitation Center permission to make such a check in order to ensure my suitability for volunteer placement.

I understand and agree that Greene County Family Visitation Center may make a thorough investigation of my past employment and activities, and I release from liability or responsibility all persons and organizations supplying such information. I also understand and agree that the information obtained may be used by Greene County Family Visitation Center in any way connected with my involvement in the program.

 Signature of Applicant

 Date