



**PHYSICIAN:** \_\_\_\_\_  
Name Phone

**REFERENCES:** List 2 adults whom we may contact who are not family members. If you are a student, one must be your school advisor, instructor, or club sponsor.

NAME	ADDRESS	PHONE

Have you ever been convicted of a crime other than a minor traffic violation? ( ) YES ( ) NO  
If yes, please provide information regarding the conviction (offense, date, sentence) on a separate attached sheet. A “yes” does not automatically prevent you from volunteering at the Veterans’ Home. However, since we must protect the interests of residents who cannot always protect themselves, the information you provide will be reviewed. A limited criminal history check may be requested. You will then be notified of our determination.

**NOTE:** We are unable to accept volunteers with pending charges against them, or who currently must fulfill probationary or court ordered service. Applicants must notify the Volunteer Office in advance.

To the best of my knowledge the answers given here are true and complete. I authorize the investigation of all statements contained in my application as may be necessary, in arriving at a placement decision regarding my volunteer service.

\_\_\_\_\_  
Signature of Volunteer Date

In the case of a volunteer who is a minor, a parent/guardian signature is required. I give my permission for my child to perform volunteer service for the Indiana Veterans’ Home.

\_\_\_\_\_  
Parent/Guardian Signature Date

*For Office Use Only:*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ T.B. Test Results: \_\_\_\_\_

Placement: \_\_\_\_\_