



Scarlet Rope Project

Volunteer Application

Name: _____

Address: _____

Phone: _____ cell _____ home

Email: _____

Date of Birth: _____ Social : _____

_____ Married _____ Single _____ # of children

References: Please list name, address, and phone number

1.

2.

3.

I do hereby give the Scarlet Rope Project and the Care Center my permission to conduct a criminal history background check on me to include a local criminal history and NCIC criminal history check. I understand that this information will not be stored or shared beyond its purpose of qualifying me as an adequate volunteer for the Scarlet Rope Project and the Care Center.

Signature

Date