



CHRISTMAS STORYBOOK LAND VOLUNTEER FORM

Contact Information

This profile represents a person who doesn't log into the system. A username and password will be automatically generated.

First Name: _____

Last Name: _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone _____

Cell Phone _____

Affiliation:

Are you volunteering with any organization or business? Please enter here:

Safety:

Do you have any medical conditions that may affect your ability to work safely? If Yes, please provide details:

Public Safety Notifications: (Check all that apply)

- I'm required to register with any state as a sex offender I
- I have been convicted of a crime involving children
- I have been convicted of a crime involving drugs or alcohol in the past 5 years.
- I have been convicted of a crime involving interpersonal violence.
- I have been convicted of a crime involving theft, fraud, or other dishonestly within the past 5 years.
- None of the above apply to me.

If you have selected any option other than "None of the above", please explain the circumstances that you wish for CSBL to consider in determining whether to allow you to be a volunteer.

I understand/agree if the answer to any question above changes other than "none of the above", I will immediately disclose in writing to SBL all info that has led to a change in my answer(s) YES NO

Printed Name

Signature

Date