

Volunteer Facilitator Application

First Name: Last Name:			
Street Address:	City:	State:	_ Zip:
Cell Phone Number:	E-mail Address:		
Social Security # Driver's License # State Issued:			
Employer Job Title:			
Do you have experience working with people	with disabilities?	Yes	No
If yes, please describe.			
Have you ever volunteered with another orga		Yes	
If yes, please describe.			
When are you available to start serving as a What days and/or evenings and times are you	NCBC Volunteer Facilita	tor?	
Have you ever been convicted of a misdeme (If you are convicted of a felony or misdemeanor after starting as a volunteer,			No
If yes, please describe.			
Are you an insured driver? (Typically we ask that facilitators do not transport book club members; however.)		Yes	No
Please provide contact information for one p	ersonal reference and or	ne professional referer	nce:
Personal Reference:			
Professional Reference:			
Please read the following paragraph an	d sign below.		
I will protect the privacy of all members in my book of understand that Next Chapter Book Club staff may certify that the information provided above is true to	take and use my photograph		
Volunteer Facilitator		 Date	