

Miller Memorial Library Family Resource Center  
A program of the Tangipahoa Alcohol & Drug Abuse Council, a United Way Agency

# SERVICE APPLICATION

PLEASE PRINT  
**GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Date Of Birth(month/date/year): \_\_\_\_\_  
Social Security #: \_\_\_\_\_

First Middle Last  
Street City Zip  
What Time Of The Day Can You Be Reached Most Easily? \_\_\_\_\_  
Current Age: \_\_\_\_\_

*In Case Of Emergency Please Contact*  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I Am Available To Work On The Following Days and Times: \_\_\_\_\_  
\_\_\_\_\_

## ABOUT ME

Male       Female

My Special Skills, Abilities and Interests Are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Hobbies and Talents Are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Educational Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Speak A Foreign Language?  Yes  No  
Are you  Conversational?  Fluent?      If Yes, What Language Is Spoken? \_\_\_\_\_

### EMPLOYMENT/VOLUNTEER HISTORY

List your previous employment and or community and school activities (include full or part-time employment, volunteer positions, clubs, church groups, sports, school clubs, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal References: Include name, address, telephone number and relationship.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

I certify that all statements on this application are true and correct to the best of my knowledge. Signing of this application gives Tangipahoa Alcohol & Drug Abuse Council permission to perform a background check including but not limited to investigation of police records with the local police department.

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

Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

First Contact: \_\_\_\_\_  
Interview Date: \_\_\_\_\_  
Supervision Assignment/Date: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# Miller Memorial Library Family Resource Center

A PROGRAM OF THE TANGIPAHOA ALCOHOL & DRUG ABUSE COUNCIL (TADAC), A UNITED WAY PARTNER AGENCY

## Volunteer Service

# CONSENT FORM

### Release of Liability

I hereby release the Tangipahoa Alcohol & Drug Abuse Council (TADAC) from all claims and liability arising out of my participation as a volunteer at the Miller Memorial Library Family Resource Center. With this understanding, I further agree to indemnify, defend and save harmless TADAC, and their respective officers, agents, and employees from and against any and all claims, losses, injuries, suits or judgments arising from, or in connection with my participation as a volunteer at the Miller Memorial Library Family Resource Center. I agree to this indemnification and save harmless for myself, my successors, assigns, heirs, executors, administrators and any other persons or entities who/which may have claim based on personal injuries and /or property damage.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### Emergency Medical Consent

I, \_\_\_\_\_ give my consent to be treated by a physician or surgeon at my expense in the case of a sudden illness or injury while participating as a volunteer at the Miller Memorial Library Family Resource Center. If a personal physician is listed below, every effort will be made to contact that physician. However, the location of the activity or the nature of the illness may require the use of emergency medical personnel.

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

\_\_\_\_\_  
Date

**Please provide the following information, if applicable. Please print.**

\_\_\_\_\_  
Name of Family Physician or Medical Group

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Medical Insurance Coverage Company

\_\_\_\_\_  
Medical Group Number

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

\_\_\_\_\_  
Date