



## Volunteer Experience

Name of Organization	Contact Name/Phone	Length of Service	What did the experience entail?
	(     )	From: To:	
	(     )	From: To:	

## References (not related)

Name	Relationship	Telephone Number	Best Time to Call
		(     )	
		(     )	

Required for:

- Community Service    
  School    
  Employer Benefit    
  Meet New People  
 Mandated    
  Club Requirement    
  Gain Experience    
  Other: \_\_\_\_\_

## Signature

I hereby declare that the information provided by me in the Application for Adult Volunteer Service is true, correct and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I authorize COSI to verify any information I have provided by contacting former employers, educational and training institutions personal sources, and other appropriate sources. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance, or disciplinary records. I further understand that if accepted as a volunteer at COSI, my volunteer service will be at will, and that service at COSI may be terminated with or without cause, and without notice, at any time, at the option of either COSI or myself. I understand that background checks and/or fingerprints may be required as a condition of volunteering at COSI to protect guests, and Team Members, volunteer and paid.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

FOR OFFICE USE ONLY:

Rec'd date: \_\_\_\_\_

Phone int. date: \_\_\_\_\_

Orientation date: \_\_\_\_\_