

Saturday	
-----------------	--

Do you have any other skills or training such as First Aid/CPR Certification? Can you sign for the hearing impaired? Please List:

Are there any health/medical/emotional conditions that we should be aware of or that might be of concern, such as?

Allergies, Asthma, cardiac or pulmonary, etc.

Are you currently under a doctor's care or on prescription medications? Please describe:

Please answer the following questions/statements where indicated the following questions/statements and sign:

1. Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the law of this state or any other state?

_____ Yes _____ No

2. Do you use illegal drugs?

_____ Yes _____ No

(If you answered Yes to either of these two questions, you are automatically disqualified from volunteering for **Hope Reigns Ranch**)

3. Have you ever been convicted of a felony?
_____ Yes _____ No (If yes, a supplemental form must be completed at this time)

I affirm, under penalty of perjury, that the answers to the above questions are truthful.

Signature _____ Dated _____