



The Denney House Inc.

DISCOVER | EQUIP | EMPOWER

PARTICIPANT INFORMATION

Name: _____
LAST FIRST M.I.

Date of Birth: _____ Gender: M F

Address: _____
STREET

_____ CITY STATE ZIP CODE

Cell Phone #: (_____) _____ Email Address: _____

Social Security # _____ Driver's License # _____ State: _____

Date I Am Available to Start: _____ Days I am Available to Work: M Tu W Th F

T-shirt Size _____ Work Boot Size: _____

EMERGENCY MEDICAL ATTENTION INFORMATION

Medical Concerns: Please describe any medical/physical conditions of which The Denney House staff should be aware. Please include any dietary restrictions, allergies, chronic health conditions, and/or medications.

Emergency Contacts: Please list two emergency contacts:

Name: _____ Relationship: _____ Day Phone #: (____) _____

Name: _____ Relationship: _____ Day Phone #: (____) _____

VOLUNTEER & EMPLOYMENT INFORMATION

Organization Name #1: _____ Supervisor Name: _____

Address: _____
STREET

_____ CITY STATE ZIP CODE

Cell Phone #: (_____) _____ Email Address: _____

Dates Employed/Volunteered: _____
START DATE (MM/DD/YYYY) END DATE (MM/DD/YYYY) REASON FOR LEAVING

Job Title: _____

Describe Responsibilities: _____

Organization Name #2: _____ Supervisor Name: _____

Address: _____

STREET

CITY

STATE

ZIP CODE

Cell Phone #: (_____) _____ Email Address: _____

Dates Employed/Volunteered: _____
START DATE (MM/DD/YYYY) END DATE (MM/DD/YYYY) REASON FOR LEAVING

Job Title: _____

Describe Responsibilities: _____

May we contact the above employers? Yes /No If No, please explain why:

PERSONAL OR PROFESSIONAL REFERENCES: (NOT RELATED / 18 YEARS OF AGE OR OLDER)

Name: _____ Relationship: _____

Cell Phone #: (_____) _____ Email Address: _____

Name: _____ Relationship: _____

Cell Phone #: (_____) _____ Email Address: _____

INITIAL BACKGROUND CHECK INFORMATION

1. Have you ever been charged with or convicted of a felony? Yes No
2. Have you ever been charged with or convicted of any crime involving a sex offense, an assault or the use of a weapon? Yes No
3. Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? Yes No
4. Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? Yes No
5. Are you seeking to volunteer in order to satisfy court-ordered community service? Yes No

If you answered Yes to any of the above five items. please explain:

I authorize and give The Denney House my permission to run a background check/search on me. Yes No

SKILLS AND CERTIFICATION

I can speak Spanish: Yes No Other languages: _____

Sign Language: Yes No

I am a Maryland Certified Pesticide Applicator Yes No License #: _____ Expiration Date: _____

I am CPR Certified: Yes No Expiration Date: _____

PARTICIPANT WAIVER

I, _____, understand that I am spending time as a participants on projects organized by The Denney House with non-profit groups or participating in a The Denney House event or function. I understand that I am responsible for my behavior, and I will only perform volunteer work or participate in activities that I am comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance of my participation in The Denney House’s organized and/or sponsored projects, events, and functions, I, for myself and anyone entitled to act on my behalf, waive and release The Denney House, their service partners and/or sponsors of any project, event or function, from all claims or liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my participation in The Denney House organized and/or sponsored projects, events or functions.

Signature of Participant

Date

INFORMED CONSENT & PUBLICATION RELEASE

As part of my participation in The Denney House's program, I may be asked to participate in an evaluation of this program. One purpose of the evaluation is to see whether The Denney House opportunities and/or programs make a difference to the young people who participate in them. We will ask about their interests, activities, and attitudes, as well as some background information. All information will be used only to evaluate The Denney House opportunities and/or programs; no information will be used to evaluate any of the people participating. We do not anticipate any risks to you or the young people because of your participation. The information we gather for this study will be kept confidential and will not be linked with any person’s name. Materials will be stored without any names attached. If you have any questions, please call The Denney House office at (301) 899-0505. The study may include the following activities: surveys, interviews, group interviews and observations of program participants. I understand the purposes of this study and the methods to be used. I understand that participation in this study is voluntary and that I can request at any time that I be withdrawn from the study. I consent to participate in this evaluation study of The Denney House program.

The Denney House is committed to furthering the discussion and growth of national service in the public realm. As such, I grant permission for The Denney House to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage, or other uses by The Denney House either associated with the program, project, event, function, or otherwise. I hereby agree to allow The Denney House to use any photograph and/or likeness of myself at any time during my participation in the program or thereafter, without prior approval. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Participant

Date