

Do you have any medical conditions that may affect your ability to function as an AMM volunteer, or require any special accommodations that AMM should know? _____ Yes _____ No If yes, please describe:

Do you have a valid drivers license? ___Yes ___No. Issuing State? _____ License # _____
If you will be driving for AMM, you will need to provide a copy of your driver's license.

Have you ever been refused a Security Clearance? ___Yes ___No. If yes please explain: _____

Do you have any felony convictions? ___Yes___No. If yes, please explain: _____

How did you learn about AMM? _____

Please tell us why you would like to volunteer with AMM. _____

Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the AMM to contact the references named below with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name (first, last): _____ Organization: _____

Phone: _____ Email: _____ Relationship: _____

Name (first, last): _____ Organization: _____

Phone: _____ Email: _____ Relationship: _____

Name (first, last): _____ Organization: _____

Phone: _____ Email: _____ Relationship: _____

Send completed application to: chaplain@albanyamm.us