

Have you ever been convicted of a felony?

What led you to consider volunteering for the MSSPA?

What are your expectations in volunteering at the MSSPA?

Have you had any previous volunteer experience? Please elaborate.

What is your level of education?

High School: Graduated or GED

College: Years attended _____ Degree _____

Please list two references who are not family members:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

By signing this application you acknowledge that all information on this form is true to the best of your knowledge. That if selected, you are volunteering your services and will not receive any compensation, monetary or otherwise, for said services.

Signature: _____ **Date:** _____

****All minors will be required to have a guardian co-sign a waiver prior to volunteering****