



CLALLAM COUNTY SHERIFF'S OFFICE



File: P20

VOLUNTEER APPLICATION PACKET

Applicant Name: _____

Position Applying For _____

Requested Assignment Area:

- Community Oriented Policing Services (Kari Cincotto)**
- Criminal Investigations Bureau (Det. Sgt. Jeff Waterhouse)**
- Emergency Management (Justine Chorley)**
- Search and Rescue (Sgt. Harold Edwards)**
- Support Services (Chief Civil Deputy Elizabeth Biasell)**

Anticipated Start Date _____

As a necessary condition of consideration for association with the Clallam County Sheriff's Office, specific information and documents are required. Failure to provide this information will result in the removal of your application for consideration. Complete the 3-page Clallam County Volunteer Application in longhand and in black ink and return it to the Sheriff's Office, together with the following:

- (1) 2 Applicant Fingerprint Cards (w/ place of birth and SS# filled in) []
- (2) Washington State Driver's License Photocopy []
- (3) Name Change Records []
- (4) Military DD-214 []
- (5) Signature on Clallam County Volunteer Disclosure Statement []
- (6) Authorization to Release Personal History Information, Signed and Notarized []
Sheriff's personnel will notarize at no cost to you.
- (7) Clallam County Agreement for Volunteer Service Completed and Signed []

Your application will remain on file while a background investigation is conducted. When your volunteer services are needed, you will be contacted. Thank you for your interest in the Clallam County Sheriff's Office.

FOR DEPARTMENTAL USE ONLY

Front Counter Staff:

Verify items 1-7 above are completed Date Completed _____ Signature _____

Run local background and Triple I Date Completed _____ Signature _____

Forward application and background check to **Administrative Coordinator:**
Date Completed _____ Signature _____



Welcome!

Welcome to Clallam County volunteer service. The purpose of the County volunteer policies is to provide overall guidance and direction to staff and volunteers engaged in volunteer programs and management efforts.

The County depends on volunteers to supplement and extend paid staff's ability to deliver service, and to strengthen our relationship with the community. At any one time, more than one quarter of our staff is volunteers. Given the importance and size of this constituency, a formal Volunteer Service Program has been instituted. These policies are intended to apply to all volunteers in any programs or projects undertaken on behalf of the County. In addition, you may find the department for which you are performing service may have additional procedures that you will be expected to follow.

As a volunteer, here are some key points you should know.

- Your presence is depended upon. If you are unable to report for duty as agreed, notify your supervisor immediately so a substitute can be found.
- This job requires your full attention; therefore, we ask that friends and family members not join you while you are on duty.
- It may take up to 6 months to really learn your job and feel productive; therefore, we ask that you commit yourself to us for at least that long.
- There will be an opportunity to evaluate your performance and ours. Afterwards, if you need a job or school reference, we will write one for you.
- Keep track of your hours on the time sheet provided. This will help us to maintain appropriate insurance coverage.
- Follow all of the rules. Don't engage in behavior and activity that will embarrass you and bring discredit to the county.
- Your first line of communication is with your supervisor. Should you wish a change in assignment or schedule, discuss this with your supervisor.

Volunteers like you are hard to find. We appreciate your dedication to public service. We are open to suggestions for improving this valued program. Please feel free to contact the Human Resource Director at 360-417-2242.



Clallam County Volunteer Rights and Responsibilities

A volunteer has the right:

- To be treated as a co-worker
- To be given a suitable assignment
- To know as much about the County as possible
- To receive training for the job
- To have a place to work
- To have a regular evaluation of job performance
- To be given guidance and supervision
- To receive a variety of volunteer experience
- To make suggestions and be heard
- To receive responsibility and recognition

A volunteer has the responsibility:

- To follow all safety procedures and guidelines
- To be sincere in the acceptance of volunteer service
- To be loyal to the community and the component served
- To carry out duties promptly and reliably
- To accept the guidance and decisions of volunteer leaders
- To be willing to participate in orientation, meetings and continual learning
- To acknowledge the need for training and participate fully
- To give constructive feedback that will improve effectiveness
- To work as a team member



Clallam County Volunteer Orientation Guide

This is an outline of the orientation all long-term volunteers with Clallam County receive. You will receive more specific training to your position from your department. Bring this guide with you to your orientation along with any attachments you received.

Safety

Volunteers are responsible for the following:

- a. Follow all safety rules and requirements. Assure full compliance by yourself and coworkers.
 - b. Report any unsafe practice or unsafe condition in your work area to your supervisor.
 - c. Immediately report all accidents or injuries to your supervisor.
 - d. Perform housekeeping in your work area, the lunch room or break area.
- County Administrative Policy 240.1, .3, .5

Tobacco, Alcohol and Drug-Free Work Environment

The County has adopted a tobacco, alcohol, and drug-free work environment. For health and safety reasons, the County prohibits smoking by employees and volunteers in all County facilities, including County-owned buildings, vehicles and offices or other facilities rented or leased by the County.

The manufacture, possession, distribution, dispensing, or use of alcohol or controlled substances in the workplace is strictly prohibited.

Any volunteer who is using or possesses medically prescribed or over the counter drugs during work time that may impair his or her ability to perform the job must notify the supervisor of such use prior to beginning work.

Violations of these policies could result in immediate termination of volunteer services.

County Administrative Policy 230.16 and 240.10

Universal Health and Safety Precautions

If volunteers are required in their position descriptions to administer first aid or expected to come in contact with bodily fluids they must adhere to county training requirements per County Administrative Policy 240.12.

Anti-Harassment

Harassment is defined as verbal or physical conduct that demeans or shows hostility or aversion toward another employee, volunteer or member of the public. The policy of the County is that every employee has a fundamental right to be free of such harassment. In response to formal reports of harassment, the County will seek to protect all parties involved from retaliation, false accusations, or future harassment, and where indicated, will take prompt and adequate remedial measures. Should an issue of harassment be raised, all related matters will be kept private to the greatest extent possible throughout the investigation, counseling and disciplinary stages. Any County Official receiving notice of harassment shall notify the Human Resource Director who will direct an investigation and insure that the charge is resolved appropriately. County Administrative Policy 230.19

Material Data Safety Sheets (MSDS)

All volunteers will be trained to recognize when a product is hazardous and how to obtain information for proper and safe use of the product. MSDS for all hazardous chemicals are kept on file and available for volunteers to use. These sheets help define the potential hazards and recommended cautions in using the substances researched.

All secondary containers must be clearly labeled as to their contents. Flammable products may only be put in approved containers (no "Clorox" bottles of gasoline).

County Administrative Policy 240.5.7

Reporting and Recording of Hours

Working Hours

Work hours will be established and agreed to by the County and volunteer prior to the beginning of assignment. Every volunteer is expected to report to work on time and be at the job location during the agreed time. If unavailable for the agreed time, please notify the department supervisor as far ahead of time as possible.

Time Reporting

Every volunteer will be issued a time sheet on which he or she will be required to record hours worked. Time sheets are to be completed, signed by the volunteer's supervisor, and turned into payroll quarterly with the volunteer hours cover sheet. The volunteer has medical coverage only if the time sheet is accurate and signed. Continuing assignments that span more than one quarter need a time sheet completed for each quarter. Supervisors are responsible for ensuring that the time sheets are complete and accurate, and for submitting them to payroll at the end of the quarter.

Insurance and Liability

With a signed time sheet and Volunteer Service Agreement, the County provides, during the time the Volunteer is performing service within their position description, Refer to CIMA Volunteers Insurance service handout for further info.

- a. Up to \$25,000 in accident medical reimbursement (all volunteers).
- b. Up to \$1,000,000 in personal liability insurance (work crew & community service workers excluded).
- c. For those volunteers who drive, up to \$500,000 in excess automobile liability insurance above the volunteer's own insurance (work crew & community service workers excluded).

There is no allowance for lost time compensation due to injury for volunteers.
County Administrative Policy 210.80.12

Use of County and Personal Vehicles

Use of County vehicles is at the discretion of the Department. County Defensive Driving course, Drivers License and State Drivers License abstract on file in the County are required of the operator. Volunteer medical expenses as a result of an MVA in a vehicle would be covered under the County's Volunteer Insurances. Private vehicles can be used for volunteer duties only at the discretion of the department. Proof of personal insurance is required and shall be kept on file.
County Administrative Policy 210.80.12



VOLUNTEER APPLICATION

CLALLAM COUNTY
 COUNTY COURTHOUSE
 223 E. 4TH STREET
 PORT ANGELES, WA 98362

GENERAL INFORMATION

Name (<i>First, Middle Initial, Last</i>):	Date of Birth
Mailing Address:	City, State Zip:
Day Phone: Evening Phone:	Email:
	Do you have current First Aid YES NO Do you have current CPR YES NO

EDUCATION/KNOWLEDGE/SKILLS

Last grade completed:	Degree and/or Major:
Name of school, if presently in school:	
Occupation/Work experience:	
Place of employment, if employed:	
Volunteer experience:	
Special training/courses (include computer training):	
Are you fluent in any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please list _____	

Indicate the type of volunteer work you are interested in

<input type="checkbox"/> Adopt-a-Park	<input type="checkbox"/> Camp Host	<input type="checkbox"/> Streamkeepers
<input type="checkbox"/> One day park project	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> County Fair
<input type="checkbox"/> Olympic Discovery Trail	<input type="checkbox"/>	<input type="checkbox"/> Juvenile Services
<input type="checkbox"/> Sheriff Department/SAR	<input type="checkbox"/>	<input type="checkbox"/>

Commissioned Sheriff Reserves must complete separate application packet provided only through Sheriff's Department

Time Commitment (*check one category*): 1 day 1 month 6 months 1 year

How did you hear about our volunteer opportunities (check all that apply)? School County Posting Brochure
 Newspaper Radio/TV Other (specify) _____

REFERENCES

Please list three people (not related to you) that know you that we could call for a reference:

Name _____	Phone # (home) _____ (work) _____
Relation to applicant: _____	Length of Acquaintance: _____
Name _____	Phone # (home) _____ (work) _____
Relation to applicant: _____	Length of Acquaintance: _____
Name _____	Phone # (home) _____ (work) _____
Relation to applicant: _____	Length of Acquaintance: _____

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

Name of Relative: _____	Department: _____
Name of Relative: _____	Department: _____

EMERGENCY CONTACTS

Please list two people to notify in case of emergency. *If under 18 years of age, please list a parent/guardian as ONE of the two people to contact in case of an emergency.*

Name: _____	Relationship: _____
Address: _____	
City, State & Zip Code: _____	
Phone: (Home) _____	(Work): _____
Name: _____	Relationship: _____
Address: _____	
City, State & Zip Code: _____	
Phone: (Home) _____	(Work): _____

ACCOMMODATIONS

PLEASE NOTE: Clallam County will provide reasonable accommodations for the testing and interview of qualified volunteer applicants upon request. Providing for accommodations will not affect consideration of your application. Please indicate if an accommodation is necessary and how we might assist you:

GENERAL INTEREST

1. What would you like to get out of volunteering? What would make you feel you have been successful?
2. What aspects have you enjoyed most about your previous paid or volunteer work?
3. What skills or strengths do you feel you have to contribute?
4. If you become employed (if not currently), how will this affect your volunteer work?

Notice to Volunteers

Volunteers are not considered to be Clallam County employees for any purpose. Injury compensation will be provided as described in the service agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with Clallam County and provides injury compensation, should that be necessary, and recognition benefits. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the county.

SIGNATURE: _____ **DATE:** _____

COUNTY USE ONLY BELOW THIS POINT

Date Received: _____ Dept./Program: _____

Supervising Dept: _____ Dept Contact & Phone: _____ Date Sent: _____ Date Started: _____

Supervising Dept: _____ Dept Contact & Phone: _____ Date Sent: _____ Date Started: _____

Background conducted: Yes No

Additional processing comments:



Clallam County Volunteer Orientation Checklist

Please initial each item indicating your understanding and compliance.

SAFETY POLICY

- _____ I understand that the County Safety Policy 240.5 applies to employees and volunteers. I am responsible for being familiar with it and have access to a copy of it.
- _____ The Clallam County "Report of Incident" form has been shown, explained and given to me.
- _____ I have been instructed in the reporting procedures in the event of any incident/accident which occurs on the job.

DRUG AND ALCOHOL POLICY

- _____ The Clallam County Drug and Alcohol Policy has been explained to me and I understand my responsibilities under this policy.

FIRST AID AND BLOODBORN PATHOGENS

- _____ I understand that if my position description involves administration of first aid, I will be provided all applicable county training as outlined in County Administrative Policy 240.12.

HARASSMENT POLICY

- _____ I understand that the County Harassment Policy 230.19 applies to employees and volunteers. I am responsible for being familiar with it and have access to a copy of it.

MSDS AND HAZARDOUS CHEMICALS

- _____ I will locate the MSDS Manual in my work area and identify any materials I will be working with which may require an MSDS Sheet.



Clallam County Agreement for Volunteer Service

This agreement entered into by and between CLALLAM COUNTY, a political subdivision of the State of Washington (hereinafter referred to as "County"), and _____, (hereinafter referred to as "Volunteer").

REPRESENTATIONS

Volunteer desires to have the opportunity to perform a public service and to enhance personal growth providing assistance to the County.

County agrees to provide Volunteer with the opportunity to perform a public service provided that the following terms and conditions are met.

AGREEMENTS

County shall provide Volunteer with the opportunity to perform a public service by providing assistance to the Department of _____.

County shall provide State Industrial Insurance through its self-insured program for any covered injury or illness that may occur while Volunteer is performing service as provided herein.

Volunteer agrees to perform the volunteer service as provided for in this agreement with direction and supervision from the County and in compliance with all applicable rules, regulations and laws.

Volunteer agrees to submit complete and accurate record of all time spent in volunteer service, including date of service and position held in accordance with department standards.

Volunteer shall indemnify and hold the County harmless from any negligent action on the part of Volunteer in the performance of the service provided for in this agreement.

Description of activities authorized to be performed (attach job description): _____

Volunteer certifies that he/she has taken all necessary precautions to be certain that he/she is in proper condition, and states that he/she is in proper condition to participate in the above described duties.

County employee responsible for supervision of Volunteer: _____

Period during which such volunteer duties are to be performed: _____

Dated this _____ day of _____, 20 ____.

Volunteer Signature

Parental Consent Signature for volunteer under 18 years of age

Clallam County Department Head Signature



CLALLAM COUNTY

AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION FOR VOLUNTEER POSITIONS

TO BE COMPLETED BY VOLUNTEER AND SUBMITTED WITH APPLICATION
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation may be conducted before you are cleared to volunteer for this position, depending upon the sensitivity and responsibilities of the position. The depth and extent to which this investigation may be conducted is at the discretion of the Director of Human Resources for Clallam County.

Proof of name and date of birth required. Please complete form in full. Only authorized staff will have access to this form.

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:

NAME: _____

OTHER NAMES KNOWN BY: _____

DATE OF BIRTH: ___/___/___

DRIVER'S LICENSE NO.: _____ STATE ISSUING: _____ EXP DATE: _____

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED WITHIN LAST 10 YEARS (include County name & years):

STATE	CORRESPONDING COUNTY	YEARS (FROM - TO)

VOLUNTEER APPLICANT'S WAIVER & RELEASE STATEMENT:

TO WHOM IT MAY CONCERN: I hereby waive my rights as specified in Public Law 93-579 - December 31, 1974 - Title V, U.S.C. 552A. I respectfully request and authorize you to furnish Clallam County Human Resources Department or its designated agent bearing this release with any and all information that you may have concerning me, including but not limited to, academic achievement, attendance, athletic, military, personal history, health history including psychological and medical records, disciplinary records, and credit records. I also authorize Clallam County Human Resources Department or its designated agent bearing this release to obtain a certified abstract of my full driving record. I request you to answer any questions asked of you with complete candor and cooperation.

I hereby release and agree to hold harmless, you, your organization, including its officers, employees, agents, and insurers, individually and collectively, from any and all liability or damage of whatever kind, which may at any time result to me, my heirs, family or associates due to or in any way related to compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

The information resulting from this release is to be used to assist the Human Resources Department in determining my fitness and qualifications for a position of trust and responsibility. I waive all rights I may assert to obtain information provided to Clallam County pursuant to this release, and agree that Clallam County may preserve the confidentiality from me of statements, opinions and documentation provided by you.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature (SIGN IN FRONT OF NOTARY) _____

Date of Execution: _____

Printed Name _____

TO BE COMPLETED BY NOTARY PUBLIC

State of _____)
County of _____)ss

Subscribed and sworn to before me this _____ day of _____, 20__.

NOTARY SEAL

I, the undersigned notary public, do affirm that the above individual has presented valid identification to me.

SIGNATURE OF NOTARY PUBLIC



CLALLAM COUNTY

AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION

(TO BE COMPLETED BY APPLICANT AND SUBMITTED WITH APPLICATION)
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation will be conducted before hiring for this position. Your fingerprint record may be checked through the Federal Bureau of Investigation. Therefore, the following information is necessary. Other physical, mental, or other job-related tests may be required depending on position applying for. Proof of name and date of birth is required. Only authorized staff will have access to this form. **I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE.**

NAME: _____

OTHER NAMES KNOWN BY: _____

DRIVER'S LICENSE NO.: _____ STATE ISSUING: _____ EXP DATE: _____

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED (include County name years):

STATE	CORRESPONDING COUNTY	YEARS (TO & FROM)

TO WHOM IT MAY CONCERN: I hereby waive my rights as specified in Public Law 93-579 - December 31, 1974 - Title V, U.S.C. 552A. I respectfully request and authorize you to furnish the Clallam County Human Resource Department or its designated agent bearing this release with any and all information that you may have concerning me, including but not limited to, academic achievement, attendance, athletic, military, personal history, health history including psychological and medical records, disciplinary records, and credit records. I also authorize Clallam County Human Resource Department or its designated agent bearing this release to obtain a certified abstract of my full driving record. I request you to answer any questions asked of you with complete candor and cooperation.

I hereby release and agree to hold harmless, you, your organization, including its officers, employees, agents, and insurers, individually and collectively, from any and all liability or damage of whatever kind, which may at any time result to me, my heirs, family or associates due to or in any way related to compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resource Department and will be made available upon request.

The information resulting from this release is to be used to assist the Human Resource Department in determining my fitness and qualifications for a position of trust and responsibility. I waive all rights I may assert to obtain information provided to Clallam County pursuant to this release, and agree that Clallam County may preserve the confidentiality from me of statements, opinions and documentation provided by you.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature (SIGN IN FRONT OF NOTARY)

Date of Execution:

Printed Name

SUBSCRIBED and SWORN to before me this _____ day of _____, 20_____.

Notary Public in and for the State of

Residing at:

My Commission expires:



Clallam County Volunteer Disclosure Statement

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against persons?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated, first or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree assault |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree rape |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree statutory rape |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree arson |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree extortion |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent liberties |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicular homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree promoting prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful imprisonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Simple assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of minors |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree criminal mistreatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abuse or neglect as defined in RCW 26.44.020 |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree custodial interference |
| <input type="checkbox"/> | <input type="checkbox"/> | Malicious harassment |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree child molestation |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a juvenile prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Promoting pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | Selling or distributing erotic material to a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation of child abuse restraining order |
| <input type="checkbox"/> | <input type="checkbox"/> | Child buying or selling |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they have been renamed |

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Has (a) a dependency action, (b) a domestic relations proceeding, or (c) a disciplinary board final decision found you to have sexually assaulted or exploited a minor, or to have physically abused or sexually abused a minor? YES NO

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol's criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are selected before that report is available, YOUR VOLUNTEER POSITION WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

I certify under penalty of perjury that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signed at _____, Washington, this ____ day of _____, 20__.

Signature

Full Name (print)

Date of Birth