

Adult Volunteer Form
Crown Point Assistant (CPA)

Assisting at Crown Point is more than just fulfilling an obligation to serve, as set by an organization or authority, but freely giving of your time and energy because you want to experience and support the mission of Crown Point.

Date: _____ Home Phone: _____ e-mail: _____

Name: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Please circle the areas where you are interested in assisting:

Gardening

Children's Programs

Taste of Earth Fundraiser

Do you have any medical or physical condition or special needs of which the Crown Point staff should be aware? If "yes," please explain: _____

In case of emergency contact: _____

Have you ever been arrested and/or convicted of any crime? If "yes," please state the nature of the crime and when it occurred** : _____

**Please note: A criminal record will NOT necessarily prevent an applicant from being a volunteer. A criminal record will be considered as it relates to the specifics of the volunteer position being served here at Crown Point.

The State of Ohio requires a background check of all volunteers over 17 that will be around children. This is a "Civilian Background Check" form. Please check here _____ if you consent to this procedure.

Please indicate the day(s) and times when you are able to assist in the gardens:

Days	Mon	Weds	Thurs	Fri	Sat
Between 8am & Noon					
Between 1pm & 4pm					