

Volunteer Registration Form - Continued

Please answer the following questions by circling yes or no:

1. Do you use or have you ever used illegal drugs? Yes / No
2. Have you ever been convicted of a criminal offense including drug offenses? Yes / No
3. Have you ever been convicted of any offense or been the subject of a restraining order involving neglect, abuse, assault or domestic violence? Yes / No
4. Has your driver's license ever been suspended or revoked in any state? Yes / No
5. Have you ever been convicted of any offense, driving or otherwise, involving the use of alcohol or drugs? Yes / No
6. Do you have any medical condition that may affect your ability to serve as a NMS volunteer?

If you answered yes to any question above, please explain the circumstances or condition (attach additional sheet if necessary):

Please list 2 personal references:

_____	_____	_____	(____)_____
Name	Relationship	Full address (city/state/zip)	Phone number
_____	_____	_____	(____)_____
Name	Relationship	Full address (city/state/zip)	Phone number

Attestation

Please read before signing:

NMS, its agents or representatives may make inquiry to verify the truth and accuracy of the information contained herein. Specifically, in addition to any other inquiry, the NMS may check to confirm whether or not I have any criminal record and may receive a copy of my driver's license record. If necessary, I will execute such forms as may be necessary to do this.

NMS is not obligated to accept my services as a volunteer. It can refuse to permit me to be a volunteer for any reason in its sole discretion. Should I be selected as a volunteer, I acknowledge that I serve "at will" without compensation, am not an employee and my volunteer status may be terminated by NMS at anytime, for any reason, and with or without my consent.

I grant NMS permission to use my likeness, voice and words in television, radio, film or any other media to promote the activities of NMS or its mission.

If there are any changes in this information while I serve as a NMS volunteer, I will inform NMS of the new information and update this form. Failure to update this information will result in the termination of my volunteer services.

I represent that the foregoing information and answers are true and correct to the best of my knowledge, information and belief.

Signed: _____ Date: _____

Print your name: _____