

**Tille Family Volunteer Reference Information**

**Ezekiel Lutheran Church  
202 S. Second Street  
River Falls, WI 54022**

**St. Bridget's Catholic Church  
211 E. Division Street  
River Falls, WI 54022**

**Thank you for completing this application. Please know that the following information will be kept confidential and shared only with the Tille family and volunteer coordinators.**

**General**

Name \_\_\_\_\_

**last**                                    **first**                                    **middle**                                    **maiden**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Birth date \_\_\_\_\_ DL# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**How many hours per week would you like to volunteer? \_\_\_\_\_**

**Is there a day/night that works better for you? Please list \_\_\_\_\_**

**Do you want to volunteer weekly? \_\_\_\_\_ or as needed? \_\_\_\_\_**

**Legal and Lifestyle**

**For the protection of the Tille children, it is with love that we ask for the following information.**

**Have you gone through treatment for alcohol or illegal drug use? \_\_\_\_\_**

**If yes, please describe \_\_\_\_\_**

**Have you ever been arrested for a misdemeanor or felony? \_\_\_\_\_ if yes please explain \_\_\_\_\_**

**Have you ever been accused of child abuse or child sexual abuse \_\_\_\_\_ if yes, please explain \_\_\_\_\_**

**The information in this form is correct to the best of my knowledge. I, the undersigned, give my authorization for release of all records or information relating to working with minors. I also give permission to conduct a background check.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**