

ADDITIONAL NAMES OF GROUP MEMBERS VOLUNTEERING AT CCHO



Christian Children's Home of Ohio
Encompass Christian Counseling
Encourage Foster Care & Adoption

NAMES OF GROUP MEMBERS VOLUNTEERING AT CCHO

Note: Minimum age to volunteer at CCHO is 13 years. Any volunteer age 13-17 must receive adult supervision and complete CCHO Under 18 Volunteering Permission Form.

1 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

2 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

3 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

4 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

5 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

6 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

7 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

8 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

Applicant has no disqualifying convictions/adjudications listed on page 5

9 - First/Last Name _____ Date of Birth ____/____/____
Address _____ City _____ State ____ Zip _____
Email _____ Phone () _____

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