



# Essex County LGBT RAIN Foundation



Have you ever worked or volunteered for our organization?  No  Yes If yes, when:

Have you ever been convicted of a felony?  No  Yes If yes, explain:

Do you have any medical conditions that may limit the type of tasks you can perform?

**References:**

Name: Relationship: Phone:

Name: Relationship: Phone:

*Disclaimer*

Candidate signature:

Date:

If under the age of 18, parent/guardian name/phone and signature: