

Volunteer Application

DATE:

ROLES (Please check wh	at roles(s) you'r	e interested in)					
□ Resource Friend □ Fa	mily Friend	Host Family ☐ Family Coach ☐ Minist	ry Lead				
SERVE (Please check wh	at area(s) you're	e interested in)					
Service/ Support							
		toring- Teen □ Mentoring- Adult Home Visitor □ Cleaning/ Organizing Ho	ma = Employment Assistance				
☐ Housing Assistance ☐ S			ome Employment Assistance				
		unning Prayer Other:					
APPLICANT							
LAST NAME:		FIRST NAME:					
BIRTH:		RACE/ETHNICITY:	LANGUAGES:				
(Date)	(Place)						
ADDRESS:	(1 tace)						
HOME PHONE:		CELL PHONE:					
WORK PHONE:		LAST 4 DIGITS OF S	SN:				
EMAIL ADDRESS:		(for Background Check)					
APPLICANT SPO	IICE						
Spouse also volunt		s □ no					
LAST NAME:	eering.	FIRST NAME:					
BIRTH:		RACE/ETHNICITY:	LANGUAGES:				
(Date)	(Place)						
ADDRESS:							
HOME PHONE:		CELL PHONE:					
WORK PHONE:		LAST 4 DIGITS OF S (for Background Check)	SN:				
EMAIL ADDRESS:							



NAME AND ADDRESS OF CHURCH MEMBERSHIP:

NAME	,	DATE	RESIDES		RELATIONSHIP TO
		OF BIRTH	(Chec	k Box)	APPLICANT
			Part- Time	Full- Time	(Biological, step, foster child, adopted child, god child, other)
1.					
2.					
3.					
Does the applicant children? ☐ Y ☐ I understand the ☐ I have attached	(s) have proof of es ☐ No; if at I must have a	of insurance a no explain: appropriate ch	and a valid	driver's lice	ense for vehicles used to transpor
Does the applicant children? I understand the limits of	(s) have proof of the driver's lice	of insurance a no explain: appropriate ch ense and prod	and a valid	driver's lice leats when nce for eve	ense for vehicles used to transpor applicable.
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Colleague:		