

# Volunteer Application

Today's Date \_\_\_/\_\_\_/\_\_\_

## Contact Information

Name	
Street Address	
City	
State	
Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

*\*Must be 18 years of age or older to volunteer, teens 15-17 must be accompanied by an adult*

## Availability

During which hours are you available for volunteer assignments?

- |                        |                        |
|------------------------|------------------------|
| ___ Weekday mornings   | ___ Weekend mornings   |
| ___ Weekday afternoons | ___ Weekend afternoons |
| ___ Weekday evenings   | ___ Weekend evenings   |

## Employment Information

I am: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other _____	
Employer or School Name	
Occupation or Major	
Street Address	
City	
State	
Zip	
Phone Number	

## Interests

Tell us in which areas you are interested in volunteering:

- |   |  |
|---|--|
| ___ *Guest Services (greet guests, check in/check-out, prepare guest room, answer phones, etc.) |  |
| ___ *Prepare Guest Chef Meal(s) for Families  | ___ Host a Wish List Drives                    |
| ___ Prepare Baked Goods for Families  | ___ Host Arts & Crafts/Games/Family Activities |
| ___ Host a Fundraiser   | ___ Join a Speakers Bureau                     |

*\*always a priority*

**1.) How did you find out about our volunteer program?**

- Newspaper
- Church/Synagogue
- Family House Web Site
- Gift of Life Web Site
- School
- Referred by: \_\_\_\_\_
- Other: \_\_\_\_\_

**2.) Why would you like to volunteer at the Gift of Life Family House?**

**3.) Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**4.) What other volunteer work have you done? When? What organizations?**

Organization \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

**5.) Are you fluent in a language other than English? If so, what language(s)?**

### Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City	
State	
Zip	
Home Phone	
Work Phone	
E-Mail Address	

### References

Please list two people other than relatives who would be willing to serve as personal references.

Name	
Relationship	
Street Address	
City	
State	
Zip	
Home Phone	
Work Phone	
E-Mail Address	

Name	
Relationship	
Street Address	
City	
State	
Zip	
Home Phone	
Work Phone	
E-Mail Address	

### Background

Have you ever been convicted of, or plead guilty to, a felony or misdemeanor other than traffic violation?

Yes (if yes, please describe)

No

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete, and have been given voluntarily. I have answered all of the questions to the best of my ability and I have not and will not withhold any information that would unfavorably affect my application to be a volunteer. I will update Gift of Life Family House if any information on this application changes or of other information that might affect my qualifications as a volunteer. I understand any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate rejection as an applicant to be a volunteer or my termination as a volunteer.

I voluntarily give Gift of Life Family House the right to make an inquiry of my past experience and I agree to cooperate in such inquiries and release from all liability or responsibility all persons, companies, and corporations supplying such information.

In addition, I agree that I will keep confidential all materials that I may read or learn about during my volunteer experience. I will only discuss this information with appropriate staff and never off Gift of Life Family House grounds. If I ever use any part of my experience in writing, I agree that a member of the staff must review it first in order to protect the confidentiality and legal rights of Gift of Life and the families it serves.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

It is also our policy to provide a safe environment for our families. Certain volunteer positions require the applicant to provide a copy of immunization records from a health care provider including a TB test results.

*Thank you for completing this application form and for your interest in volunteering with us.*