



Room At The Inn

VOLUNTEER APPLICATION

Please print. Entire application must be completed.

Name: _____ Social Security #: _____

Date of Birth: ___ / ___ / ___ Sex: ___ M ___ F Email Address: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Driver's License #: _____ Issuing State: _____

Emergency Contact Name: _____ Phone: _____

Foreign Languages: _____ Fluent? ___ Yes ___ No

Highest Level of Education: _____ Major: _____

H.S. ___ Teen College: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Grad Program

School Name (If currently attending): _____

School Address: _____

I would like to Volunteer: ___ Help with baby showers ___ Help sort donations ___ Help with fundraisers

In-House Maintenance: ___ I can help with _____

Mentor: ___ We try to match clients with church mentors from their own religious background. What faith community do you belong to? _____

Other: _____

Current Employer: _____ **Occupation:** _____

Work Address: _____

Work Phone: _____ Fax Number: _____

Duties: _____

Prior Employer: _____ **Occupation:** _____

Work Address: _____

Work Phone: _____ **Fax Number:** _____

Duties: _____

References:

Please list 4 references who have known you for at least 5 years and **who are not related to you.**

Name: _____ **Relationship to You:** _____

Address: _____ **Daytime Phone:** (____) _____

City/State/Zip: _____ **# years known:** _____

Name: _____ **Relationship to You:** _____

Address: _____ **Daytime Phone:** (____) _____

City/State/Zip: _____ **# years known:** _____

Name: _____ **Relationship to You:** _____

Address: _____ **Daytime Phone:** (____) _____

City/State/Zip: _____ **# years known:** _____

Name: _____ **Relationship to You:** _____

Address: _____ **Daytime Phone:** (____) _____

City/State/Zip: _____ **# years known:** _____

Service to Other Committees/Community Involvement: (please include office held)

Special Skills: _____

Hobbies: _____

CERTIFICATION AND AUTHORIZATION

Please initial each item and sign below

The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge.

I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge.

I also understand that I am to abide by all rules and regulations of the agency.

The agency has my authorization to thoroughly investigate my work and personal history.

I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts,) Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Records, Residence History, and References, will be utilized as part of the processing procedures.

A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living; understanding that this information will be held confidential by the agency.

I will hold no person liable for giving or receiving information in this investigation.

A copy of this form is as valid as the original.

(Signature)

(Date)

(Print Name)

(Print Maiden Name—If applicable)