

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number		Date of Birth	
Volunteer Position Considering	Availability <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
What Hours Are You Available to Work?			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Special Interests and Hobbies			
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours per week are you available to volunteer? Days _____ Evenings _____ Weekends _____			
Can you make a one-year commitment to this volunteer role?			
Why would you like to volunteer as a worker with children and/or youth?			

VOLUNTEER EXPERIENCE (Continued)

What qualities do you have that would help you work with children and/or youth?

How were you parented as a child?

How do you discipline your own children?

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No

If yes, please explain fully:

Have you ever been exposed to an incident of child abuse or neglect? Yes No

If yes, how did you feel about the incident?

Would you be available for periodic volunteer training sessions? Yes No

CRIMINAL HISTORY

Have you ever been *convicted* of a criminal offense?

Check One: Yes No

Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants)

Check One: Yes No

Are you currently on probation or parole?

Check One: Yes No

If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?

List any education, experience, certifications, or other training relevant to this volunteer position:

PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this **volunteer** application **was** completed **by me and that** all of the information on this application is true **and correct to the best** of my knowledge. I understand that my falsification, **misrepresentation**, or omission of **facts called for herein will result in my** disqualification from further consideration as a **volunteer**. I understand **that this** volunteer **application is not valid** without **my** signature.

Print Name	
Signature	Date

CHURCH MUTUAL **INSURANCE COMPANY** AND HERMES SARGENT BATES WISH TO POINT OUT THAT NO WARRANTY ATTACHES TO THESE DOCUMENTS, **AND IN FACT, THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR ENTITY. THESE DOCUMENTS ARE NOT A SUBSTITUTE FOR GOOD PRACTICE, PROPER SUPERVISION, AND DILIGENT OVERSIGHT AND CONTROL. THERE IS NO GUARANTEE THAT THESE DOCUMENTS WILL PROTECT ANY FACILITY THAT CHOOSES TO USE THEM. BEFORE USING THESE DOCUMENTS OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THE DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.**