



## Volunteer Application

Saint Child considers qualified applicants regardless of race, color, gender, national and ethnic origin, age, marital or veteran status.

### **APPLICANT INFORMATION**

DATE:

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NAME

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STREET ADDRESS:

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CITY, ST, ZIP:

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HOME PHONE:

CHECK IF BEST WAY TO CONTACT

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CELL PHONE:

CHECK IF BEST WAY TO CONTACT

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WORK PHONE:

CHECK IF BEST WAY TO CONTACT

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EMAIL:

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PLACE OF EMPLOYMENT:

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NEWSLETTERS:  I ALREADY RECEIVE NEWSLETTERS  YES, ADD ME TO THE LIST

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### **DEMOGRAPHIC INFORMATION**

You may optionally provide this information. The following is used to understand the demographic makeup of our volunteers.

DATE OF BIRTH:

GENDER:  MALE  FEMALE

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HIGHEST DEGREE EARNED:

DEGREE:

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NAME OF COLLEGE:

YEAR GRADUATED:

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MARITAL STATUS:  SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED

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DO YOU ATTEND CHURCH:

WHERE:

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## Volunteer Application

### **EMERGENCY CONTACT INFORMATION**

CONTACT 1 NAME:

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RELATIONSHIP:

PHONE:

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CONTACT 2 NAME:

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RELATIONSHIP:

PHONE:

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DO YOU CURRENTLY HAVE HEALTH CONCERNS WE SHOULD BE AWARE OF:

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DOCTOR:

PHONE:

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### **PREVIOUS VOLUNTEER EXPERIENCE**

DATES	ORGANIZATION	POSITION	SUPERVISOR

PLEASE TELL US ABOUT ANY SPECIAL SKILLS, QUALIFICATIONS, OR TRAINING:

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## **AVAILABILITY:**

HOW MANY HOURS ARE YOU AVAILABLE:
WHICH DAYS OF THE WEEK ARE BEST FOR YOU: (check all that apply) <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY
DURING WHICH HOURS ARE YOU AVAILABLE: (check all that apply) <input type="checkbox"/> MORNINGS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> EVENINGS

## **VOLUNTEER OPPORTUNITIES**

Tell us in which areas you are interested in volunteering (see website for job descriptions)

### INDIRECT OPPORTUNITIES

- EVENTS COMMITTEE
- FUNDRAISING COMMITTEE
- MAINTENANCE
- OFFICE HELP
- VOLUNTEER COORDINATION

### DIRECT OPPORTUNITIES

- DOULA
- MENTORING
- RELIEF VOLUNTEER (ON-CALL)
- SKILLS INSTRUCTOR
- TRANSPORTATION TEAM
- TUTORING
- OTHER

IF "OTHER", PLEASE TELL US HOW:

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## Volunteer Application

WHY DO YOU WANT TO VOLUNTEER WITH US?

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WHAT DREW YOU TO THIS MINISTRY?

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IT IS THE MISSION OF SAINT CHILD TO BE A CHRIST-CENTERED COMMUNITY. HOW DO YOU SEE YOURSELF FURTHERING THIS MISSION?

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HOW DID YOU HEAR ABOUT US?

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### AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

SIGNATURE

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NAME (PRINTED)

DATE:

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## Volunteer Application

### CONSENT FOR CRIMINAL BACKGROUND CHECK

*Your signature below authorizes saint child and criminal information services, inc. To obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.*

NAME (LAST/FIRST/MIDDLE):					
SOCIAL SECURITY (OPTIONAL)			DATE OF BIRTH: (MM/DD/YYYY):		
GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					
DRIVER'S LICENSE ID:			NUMBER:		
STATE:					
ALIASES/OTHER NAMES USED (MAIDEN, ALIAS, LEGAL NAME CHANGE, ETC.):					
RESIDENCE STREET ADDRESS:					
CITY:		STATE:		ZIP	
MAILING ADDRESS:					<input type="checkbox"/> SAME AS RESIDENCE
CITY:		STATE:		ZIP	
HOME PHONE:			CELL PHONE:		
DURING THE LAST 5 YEARS, HAVE YOU BEEN OUTSIDE OREGON FOR 60 DAYS IN A ROW OR MORE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, COMPLETE THE FOLLOWING FOR EACH RESIDENCE IN THE PAST 5 YEARS.					
DATE START MM/DD/YYYY	DATE END MM/DD/YYYY	CITY	STATE	COUNTRY	NAMES USED AT THIS RESIDENCE



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### CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes saint child and criminal information services, inc. To obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

HAVE YOU EVER BEEN CHARGED, ARRESTED, AND/OR CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES, LIST ALL CHARGES, ARRESTS AND/OR CONVICTIONS (ADULT & JUVENILE) AND THE OUTCOME, REGARDLESS OF HOW LONG AGO. ATTACH ADDITIONAL PAGES IF NEEDED					
DATE MM/DD/YYYY	CHARGE, ARREST, OR CONVICTION	OUTCOME (EG, CONVICTION DISMISSAL)	CITY	COUNTY	STATE

I HAVE REVIEWED AND COMPLETED THIS FORM AS APPLICABLE TO ME. I GIVE SAINT CHILD PERMISSION TO VERIFY ANY INFORMATION I HAVE PROVIDED. THIS AUTHORIZATION SHALL CONTINUE TO BE IN EFFECT UNTIL REVOKED BY ME. A PHOTOCOPY OR FACSIMILE COPY OF THIS CONSENT SHALL BE EFFECTIVE AS THE ORIGINAL. I UNDERSTAND THAT A CRIMINAL RECORDS CHECK, WHICH MAY INCLUDE A NATIONAL CRIMINALS RECORDS CHECK REQUIRING FINGERPRINTS, WILL BE COMPLETED ON ME. BY MY SIGNATURE, I AFFIRM THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE.

SIGNATURE:

DATE: