

VOLUNTEER APPLICATION



Name: _____ Date: _____

POSITION DESCRIPTION

JOB SUMMARY:

The volunteer may perform the following, but is not limited to:

- Clerical
- Administrative
- Household Chores
- Yard Work
- Mentoring at-risk women
- Transporting these women
- Helping meet other needs as required

The volunteer will be utilized on an as needed basis to perform functions and tasks as defined by the His House for Her Executive Director or staff who are requesting the need for volunteer services.

ESSENTIAL FUNCTIONS:

- As described in the function and task needs document developed by the area supervisor/manager
- Other duties as needed and assigned

APPLICATION:

Are you 18 years or older? ___Yes ___ No How long have you lived in this area? _____

Present Address:

Street	City	County	State/Zip
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Phone: (_____) _____ Email: _____

Referred by: _____

Driver's License No. and State: _____

Social Security Number: _____

Provide experience or skills developed as a paid employee or volunteer:

Have you any experience working with at-risk women or children and families? If so, please explain.

Have you ever been convicted of a crime? ____ Yes ____ No

Have you ever pled guilty or no contest to a crime? ____ Yes ____ No

If yes, please give details. Date, place, offense(s), disposition, etc.

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? ____ Yes ____ No

If yes, please give details. Date, place, offense(s), disposition, etc.

Have you ever worked for DCF and or a contract Provider Agency? ____ Yes ____ No

If Yes, please list agency name and date worked:

AVAILABILITY:

Please list days and/or hours you are available to volunteer

How many volunteer hours will you be willing to commit to each month? _____

IN CASE OF AN EMERGENCY CONTACT:

Name	Relationship	Phone
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Name	Relationship	Phone
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VOLUNTEER APPLICATION CERTIFICATION:

I hereby certify that all facts and information listed on this application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application or provided in the selection process, which is discovered at any time after I am selected may result in my dismissal. I hereby authorize His House for Her, Inc. to investigate all statements contained in this application and to interview the references listed in this application. I authorize the references listed to PROVIDE His House for Her, Inc. all facts, opinions, and evaluations concerning my previous employment or volunteer efforts and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to His House for Her, Inc., including but not limited to any liability for defamation or invasion of privacy.

If I am offered a volunteer position by His House for Her, Inc., I understand that such an offer will be conditioned upon satisfactory results of a background investigation, including a possible drug screen test. I further understand that my volunteer position can be terminated with or without cause or notice at any time.

I further understand and voluntarily agree as a condition of volunteering that I may be requested by His House for Her, Inc., to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for volunteering.

I certify that I have read, understand, and agree with the above.

Signature of Volunteer Applicant

Date

VOLUNTEER ACKNOWLEDGEMENT:

I freely volunteer to participate in volunteer activities on behalf of His House for Her, Inc. As a non-employee of His House for Her, Inc., I understand that I do not receive, nor do I have expectations of receiving compensation or benefits for the volunteer services I provide. I further understand that my voluntary participation in these volunteer activities can be discontinued at any time by His House for Her, Inc. or myself.

Signature of Volunteer Applicant

Date