



Volunteer Application

Contact Information

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____

Job Title: _____

Description of Duties: _____

Education: _____

Home Phone #: _____ Cell Phone # _____

Email: _____

Emergency contact: Name _____

Phone Number: _____ Relationship _____

Do you have volunteer/ work experience with women in crisis? Yes No

If yes, please explain: _____

Are you able to volunteer 2 hours per week? Yes No

What days are you available? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Area of interest in volunteering: _____

Briefly list current and past work experience: _____

Please provide three references:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Have you ever been convicted of, or plead guilty to, a crime regardless of whether the conviction was later set aside or expunged? A "crime" means all felonies, misdemeanors and serious driving offenses (e.g. DWI/DUI and reckless driving), but does not include minor traffic offenses. ____
Yes ____ No

Have you ever been convicted of, or plead guilty to charges of child abuse, domestic violence, or any crime involving actual rape or sexual molestation? ____ Yes ____ No

If you answered "Yes" to either of the above, please give offense(s) for which convicted, date of conviction, and jurisdiction. Indicate if expunged or set aside and give date(s). (A prior conviction will not automatically bar a potential volunteer from ministry appointment.)

I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or false statement made by me on this application, or any supplement to it, will be sufficient grounds for non-acceptance into or dismissal from the program.

Signature of Volunteer

Date

NOTE Requirements may include:

- Fingerprint and/or background check • Check of references
- Copy of DMV printout and auto insurance • Personal interview
- Attend a training session(s)

VOLUNTEER RELEASE FORM Release of Confidential Information

I understand that it may be necessary for THTLB Program to investigate my background. I hereby give my consent for this information exchange and authorize the release of any information requested by the THTLB. I understand that the agencies to be contacted may include employers, courts, law enforcement, social services, and any other persons or agencies with whom I have had contact. I also agree to allow THTLB to release my photo and or likeness for including but not limited to promotional purposes.

Signature of volunteer

Date