



## Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a Promise Place volunteer.

Incomplete applications will not be processed.

### **Please Print Name, Address and Telephone Numbers:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Apt or Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Name of person to contact in case of an emergency:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Numbers to call: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

### **Information about your health:**

Physician's Name: \_\_\_\_\_

(Please print)

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Please list the medications that you are currently taking: \_\_\_\_\_

Is there any health reason that might limit your ability to volunteer? \_\_\_\_ Yes

\_\_\_\_ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

### **How did you hear about volunteering at Promise Place?**

\_\_\_\_\_

### **Information about your volunteer interests:**

Please describe in detail why are you interested in volunteering here at Promise Place?

\_\_\_\_\_

Would you prefer to volunteer: \_\_\_\_ Directly with children \_\_\_\_ Directly with families \_\_\_\_ In support areas...please denote which specific area:

\_\_\_\_\_

Please list your experiences or skills that relate to the preference indicated previously:

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Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

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Please circle the most appropriate day and shift that you would be available to volunteer:

**Mornings:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Afternoons:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Evenings:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available/interested in supporting Promise Place at Special Events?

No  Yes  Morning  Afternoon  Evening  Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

No  Yes  Morning  Afternoon  Evening  Weekend

**References:**

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives and roommates**) who have known you for more than two years. Local references preferred.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

**Promise Place reserves the right to conduct state and federal background checks.**

## **Volunteer Privacy Information and Release Authorization**

Please read the following carefully

### ***Application information***

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

### ***References***

I understand that Promise Place requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

### ***Background investigation***

I understand, in consideration of my application, a background investigation will be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize Promise Place and associated entities to conduct the background investigation and release Promise Place from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Promise Place.

I have read and understand the above and by my signature consent to these statements.

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Signature

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Date

### **Background Checks:**

In an effort to create a safe environment for clients, visitors and employees, Promise Place may conduct a national and county criminal background investigation. This investigation may include arrests and convictions. This report is kept confidential.

## VEHICLE REGISTRATION FORM

Name: \_\_\_\_\_

Promise Place policy requires that employees, volunteers, and affiliates provide the automobile insurance and registration information for all vehicles that will be transporting clients from Promise Place premises. Please provide proof of insurance documentation.

**It is your responsibility to update this information with The Administrative office if you change vehicles or license plates.**

Please complete the information requested below:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle #1 License Plate: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Vehicle #1 License Plate: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_