

Volunteer Application

Name (first, middle and last) _____

Home Address _____

City _____ State _____ Zip _____

Phone Numbers _____
please include area codes cell home work

Preferred contact (please circle): cell home work Best time to call: _____

Male () Female () Email _____

Date of Birth _____ Driver's License Number: _____ (needed for background check)

High School _____ Years Attended _____

College _____ Years Attended _____

Employer/Past Employer _____

Position _____

Work Address _____

City _____ State _____ Zip _____

Why are you interested in volunteering with The Gathering Place?

TGP USE ONLY

Application Received _____ TB Test Date _____

Alzheimer Orientation Date _____ Confidentiality Agreement _____

In House Training Date _____

Emergency Medical Form Received _____ Background Check _____

Volunteer Job Description _____

How did you hear about The Gathering Place?

Asked by Someone Church Newsletter TGP event Newspaper

Other _____

I would like to be considered for the following volunteer opportunities:

Direct Participant Contact Kitchen Office Help Exercise

Grant Writing Art Projects Craft Projects Special Events

Have you volunteered for other organizations? ____ Yes ____ No

(If you checked yes, please continue below)

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:

Please describe any work experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Please list 2 references:

Name	Relationship	Time known	Phone number
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been charged with or convicted of the following: *(please check yes or no)*

- a) Felony? Yes No
b) Any crime involving a sexual offense, an assault or the use of a weapon? Yes No
c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?
 Yes No
d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
 Yes No

If you answered Yes to any of the above four items, please, explain.

The Gathering Place has my permission to: *(please check below)*

Run a background check on me. Yes No *form available in the TGP office

Run a motor vehicle records check on me. Yes No

Verify the 2 references I have provided. Yes No

Have my health statement on file at TGP in the event of an emergency Yes No

Include my name and/or picture in all The Gathering Place promotional material, newspapers, TV, radio, brochures, videos, web site, etc. Yes No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for The Gathering Place.

I, _____, having applied to volunteer at The Gathering Place, do hereby authorize a complete criminal record check of myself and give my consent for any and all information to be released to the head pastor of St. Paul Lutheran Church, Executive Director of The Gathering Place and its' Program Manager. If needed, I will allow St. Paul Lutheran Church to obtain my fingerprints, or photo copy of my driver's license. I understand that all information will be kept confidential.

Your Signature

Date