



Volunteer Application and Information Sheet

Thank you for considering Resurrection House for your gift of time and talent! Without volunteers, we would not be able to meet the needs of our program. Please note – Resurrection House does not discriminate on the basis of race, sex, color, ability, national origin, religion, creed, age, marital status, sexual orientation, citizenship (or legal alien status), or veteran status. **PLEASE PRINT YOUR INFORMATION CLEARLY IN BLUE OR BLACK INK. ALL QUESTIONS MUST BE COMPLETED FACTUALLY. IF A QUESTION DOES NOT APPLY TO YOU, MARK "N/A."** DO NOT LEAVE QUESTIONS BLANK. Volunteers under 18 years of age require parental consent.

Name: _____ Social Sec. No.: _____
(First) (MI) (Last)

Address: _____ City: _____

State/Zip: _____ How long at this address? _____

Prev. Address: _____ City: _____

State/Zip: _____ How long at this address? _____

E-Mail: _____ Cell Phone: _____

Home Phone w/Area Code: _____ Work Phone: _____

Gender: ___ Female ___ Male Are you at least 18 yrs old? _____ DOB: _____

Employment: Please list current or most recent employer. You may attach a current resume, if desired.

Name of Company/Organization: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Dates Employed: _____ to _____

Education: Please complete for the highest level of education achieved.

School & Location: _____

Degree/Diploma Earned: _____

Emergency Contact & Health Information:

Name: _____ Relationship to you: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Do you have any existing health conditions? _____ Please describe: _____

If I should become ill/ injured during volunteer activity, Resurrection House will contact person listed above. If unable to reach that person, I authorize Resurrection House to arrange emergency treatment to ensure my health & safety & accept responsibility for payment of medical services rendered.

_____ Volunteer's Initials _____ Parent/Guardian if under 18 years of age

How did you learn about Resurrection House? _____

What are your interests as a volunteer? _____

Other volunteering experiences: _____

Days and hours available, including evenings: _____

Photo Release: I grant permission to Resurrection House to use photographs/videotapes of me for publication purposes:

_____ Volunteer Initials _____ Parent/Guardian if under 18

Background Screening Release:

I hereby certify that the information provided on this application is true and accurate and subject to verification by Resurrection House. I authorize Resurrection House to corroborate any information necessary to arrive at a volunteer decision and release all persons, agencies, & organizations from any and all liability which they might incur as a result. I understand that any misrepresentation or omission of information/facts can be cause for refusal of/dismissal from volunteer services. I also agree to comply with all rules and regulations of Resurrection House.

Printed Name of Volunteer

Date

Signature of Volunteer

A parent/guardian must complete the following for volunteers under 18 years.

I have read the above statement and accept the same as condition of my child's volunteers services with Resurrection House.

Printed Name of Parent/Guardian

Date

Signature