

Family Promise of Washington County
VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Main Phone Number : (____) - _____ Alt Number: _____

EMAIL: _____ DOB ____ / ____ / ____

Church Affiliate: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Name of Employer: _____ # of Years Employed _____

A

Area of Interest (circle one): Day Center Transportation Host Site

If Host Site then circle area of interest

Overnight Meal Prep Meal Service Fellowship Set Up/Clean up

Shifts preferred

Mon AM _____ AFT _____ PM _____ Overnight _____

Tue AM _____ AFT _____ PM _____ Overnight _____

Wed AM _____ AFT _____ PM _____ Overnight _____

Thu AM _____ AFT _____ PM _____ Overnight _____

Fri AM _____ AFT _____ PM _____ Overnight _____

Sat AM _____ AFT _____ PM _____ Overnight _____

Sun AM _____ AFT _____ PM _____ Overnight _____

Past Volunteer Experience: _____

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CONFIDENTIALITY AGREEMENT

I, _____, acknowledge that during my work with Family Promise of Washington County (FPWC), I will have access to and learn facts about individuals that are staying in the program. All information pertaining to these guests, including but not limited to, name, SSN, race, monetary status, martial status, and all information pertaining to any children in the program must be kept highly confidential. By signing this agreement I understand and agree not to discuss or disclose any information pertaining to persons staying within the care of Family Promise of Washington County, now or in the future.

I hereby agree and recognize my responsibility to hold all information in confidence pertaining to guests in the Network program.

SIGNATURE: _____

DATE: _____

BACKGROUND CHECK INVESTIGATIVE REPORT

I am aware that a background check will be made and I hereby give my permission for the release of such information. A police record does not necessarily invalidate your application to be employed by Family Promise of Washington County.

PRINT LEGIBLY PLEASE.

Name: _____
(Last Name) (First Name) (Middle Name)

Maiden Name: _____ Other Names used: _____

Present Address: _____
(Street Address) (City) (State) (Zip)

Date of Birth: _____ Driver License #: _____

Please list your addresses and dates of residence for the past five years. Dates:

Signature: _____ Date: _____

Date Submitted: _____ Police Officer: _____

Pass/Fail: _____ Reason for failure: _____