



VOLUNTEER APPLICATION

LEGAL 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: ____

If Host Site, then circle area of interest:

Overnight Meal Prep Meal Service Fellowship Set Up/Clean Up

Please explain why you are interested in volunteering with Family Promise: _____

Past Volunteer Experience: _____

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, marital 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: _____

RETURN TO VOLUNTEER COORDINATOR



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 a volunteer of Family Promise of Washington County

PRINT LEGIBLY PLEASE

Legal Name:

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

Please list all other names: alias, nicknames, maiden names, and/or previous married names on the line above.

Current Address:

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

Date of Birth: _____ Drive License #: _____

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

Criminal History: (To process application all answers must be completed.)

Have you ever been convicted of a crime? ___ YES ___ NO IF YES, please explain: (list date/s, county, state of occurrence/s)

Are you on probation for any reason? ___ YES ___ NO IF YES, please explain:

Do you have any pending criminal charges filed against you? ___ YES ___ NO IF YES, please explain:

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer.

I voluntarily and knowingly authorize any government agency, its officers, employees, and agents to release any and all information regarding my criminal history to Family Promise, its officer, employees, and agents and understand that Family Promise may re-check my background at any time.

I understand the use of my social security number and driver's license number may be requested to obtain a clear background check when other means are not successful. Failure to obtain a clear background check will result in denial of my application.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such agency its officers and agents from any and all claims, liability, demands, causes of actions, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

As a volunteer working with Family Promise of Washington County, I understand that this is a volunteer position that entitles me to no pay or wages from Family Promise for my services. I understand that the information on this form will be added to a Family Promise database and that I may be contacted to volunteer in the areas specified.

I understand that upon approval of this volunteer agreement is valid for three years from the date of approval. However, either Family Promise or I can end this agreement without notice at any time. I understand that I am eligibly to reapply yearly if this application is denied or revoked.

**Return completed application and Hospitality Code of Conduct to:
Volunteer Coordinator
Incomplete applications will be returned to the applicant.**

Signature: _____ Date: _____

Date Submitted: _____ Police Officer: _____

Pass/Fail: _____ Reason for failure: _____