VOLUNTEER APPLICATION

Please print. Entire application must be completed.

Date: _____

Name: _____ Social Security #: _____

Date of Birth: ___/___/_____ Sex: __ M __ F Marital Status: ___ S ___ M ___ D ____ W

Home Address: _____

_____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Driver's License #: _____ Issuing State: _____

Emergency Contact Name: _____ Phone: (___)_____

Place of Employment: _____ Job Title: _____

Business Telephone: (___)_____ Duties: _____

Foreign Languages: _____ Fluent? __ Yes __ NO

Highest Level of Education: _____ Major: _____

H.S. Teen __ College: Fresh: __ Soph: __ Jr: __ Sr: __ Grad Program: __

School Name (If currently attending): _____

School Address: _____

Service to other committees/community involvement (please include office held): _____

_____

_____

Special Skills: _____

Hobbies: _____

How do you wish to volunteer? ___ In the Office ___ Fix & Maintain the Computers ___ Tutor __ Maintenance

____ Teach a Class - Subjects: _____

Other: _____

Do you have any physical limitations? ____ If so, please list _____

_____

<u>References</u>: Please list 2 references who have known you for at least 5 years and are not related to you.

Name: _____ Relationship to You: _____

Daytime Phone: (___)_____ # years know: _____

Name: _____ Relationship to You: _____

Daytime Phone: (___)_____ # years know: _____

PLEASE CONTINUE TO PAGE 2

CERTIFICATION AND AUTHORIZATION

Please initial each item and sign below

___ The information supplied, was submitted by myself, and I certify that my answers are true and complete to the best of my knowledge.

___ I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge.

___ The agency has my authorization to thoroughly investigate my work and personal history. I authorize Room at the Inn to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary. (criminal background check and driver license check provided by FirstPoint Background Screening Resources; sex offender check provided by NC Sexual Registry) .

___ I hereby release employers, schools, or persons from all liability in responding to inquires in connection with my application.

___ I also understand that I am to abide by all rules and regulations of the agency.

___ A copy of this form is as valid as the original.

_____ _____

(Signature) (Date)

_____

(Print Name)

_____

(Print Maiden Name— if applicable)

Room At The Inn
POB 13936
Greensboro, NC 27415
(336) 996-3788
(336) 275-9566