



THE CARYING PLACE, INC.
DIRECT SUPPORT VOLUNTEER APPLICATION

Personal Information:

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Social Security #: _____ Consent to Criminal Background Check: Yes ___ No ___

Home Phone: _____ Cell: _____ E-mail: _____

Spouse Name: _____ Spouse Employer: _____

Church Affiliation: _____ Clubs/Organizations: _____

Emergency Contact Person - Name: _____

Relationship: _____ Phone: _____

Your Employment Status:

Full Time: ___ Part-Time: ___ Not employed outside the home: ___ Student: ___

Employer: _____ Work Phone: _____

Occupation: _____

Does your employer have a Charitable Donation Program: Yes ___ No ___ Matching Gift Program: Yes ___ No ___

Education and Experience and Skills:

High School: ___ College: ___ Graduate School: _____ Degree: _____

Have you had previous experience as a volunteer? Yes ___ No ___

If Yes, where? _____

Do you speak a foreign language? No ___ Yes ___ If Yes, which one(s)? _____

What special skills, interests, or life experiences do you have that might be helpful to The Caring Place?

**** Please turn to other side to complete ****



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Please provide 3 References: (Persons not related to you)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

We request the following information, not for purpose of invading anyone's privacy, but because we are an agency that is responsible for the welfare of the families and volunteers in our programs. This information is confidential.

Have you ever used illegal drugs? No Yes

Have you ever been convicted for use or sale of illegal drugs? No Yes

Have you ever been arrested or convicted of child abuse? No Yes

Have you ever been arrested or convicted of spousal abuse? No Yes

Have you ever been convicted of any type of felony? No Yes

Do you have children that might be attending the Thursday evening session with you? Yes No

If yes, their Names and Ages please: _____

As a volunteer, I agree to follow the policies and guidelines of The Caring Place, Inc. as outlined during the training or which may be conveyed to me in the future and that all information provided on this application is true and correct.

Signature: _____

Date: _____

***There will be a \$17 application processing fee for a background check to be collected along with the volunteer application form. You may write a check to The Caring Place or give Cash**

****We will contact you to begin volunteering once the application is returned and the fee is paid in full.**

Cash Check # _____