

Personal Information

Contact Info

Name _____ Date _____
Maiden Name/Alias _____
Birthdate _____ SS# _____
Phone _____ Email _____
Address _____
City _____ State _____ Zip _____

How did you learn about Jeremiah House?

- Friend/Relative Newspaper/Media Support Person
 Other (please describe): _____

The Volunteer Experience

Why would you like to be a volunteer at Jeremiah House?

What volunteer opportunity at Jeremiah House interest you the most?

- | | |
|--|--|
| <input type="checkbox"/> Office Team | <input type="checkbox"/> One-on-One Tutor |
| <input type="checkbox"/> Special Events Help | <input type="checkbox"/> Cleaning Crew |
| <input type="checkbox"/> Donations Support | <input type="checkbox"/> Destination Crew ("taxi" service) |
| <input type="checkbox"/> Teacher/Trainer | <input type="checkbox"/> "Dinner with Friends" |
| <input type="checkbox"/> Work Group | |

What is the most important to you regarding your volunteer experience (check top three)

- | | |
|---|---|
| <input type="checkbox"/> Ability to use personal gifts/talents | <input type="checkbox"/> Flexible hours |
| <input type="checkbox"/> Opportunity to spend time with the residents | <input type="checkbox"/> Opportunity to connect with others |
| <input type="checkbox"/> Active and hands-on (versus low-key) | <input type="checkbox"/> Level of independence/autonomy |
| <input type="checkbox"/> Ability to think creatively | <input type="checkbox"/> Life experience |
| <input type="checkbox"/> Being involved in community work | <input type="checkbox"/> Other: _____ |

[Type text]

Skills & Interest

SKILLS OR INTEREST	NO INTEREST	LITTLE INTEREST	STRONG INTEREST
Customer Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Videography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books & Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrapbooking & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipleship of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening/Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Maintenance/Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Please list two character references that we could contact regarding your desire to volunteer at Jeremiah House

1. Name _____ Relationship _____
 Phone _____ Alt Phone _____
 Email _____ How long has he/she known you? _____

2. Name _____ Relationship _____
 Phone _____ Alt Phone _____
 Email _____ How long has he/she known you? _____

[Type text]

The "official stuff"

Have you ever been a subject in an investigation in this or any other state for any of the following?

- Violence or Abuse against another person YES NO
- Sexual Abuse or Harassment YES NO
- Convicted of a Felony YES NO
- Possession, Use or Distribution of Illegal or Prescription Drugs? YES NO

I understand the risks involved in volunteering and agree to not hold Jeremiah House liable for any accident or injury that may occur while serving in the capacity of volunteer, (Initial/Date) _____

I DO/DO NOT (please circle one) give Jeremiah House permission to use my photograph in publications and /or materials such as a newsletter or website. (Initial/Date) _____

Signatures

By signing below I, _____, hereby swear I have answered honestly and grant Jeremiah House to complete criminal background and reference checks to verify my identity and ensure the security of the women residing at Jeremiah House. I understand this confidential record will be kept on file at Jeremiah House.

Signature of Volunteer	Printed Name	Date
Signature of Volunteer Coordinator	Printed Name	Date

For Office Use ONLY	Notes
<input type="checkbox"/> Photo ID	
<input type="checkbox"/> Background Check	
<input type="checkbox"/> Ref 1	
<input type="checkbox"/> Ref 2	
<input type="checkbox"/> Follow up	