



TREE OF LIFE
COUNSELING CENTER & FOUNDATION

Application For Volunteer Services

Date: _____ Services to be Provided: _____

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Name: _____

Last First Middle

Residence: _____

Street City State Zip

Telephone Number: Home _____ Work _____ Are you 18 years or older? Yes [] No []

Date of Birth: _____ Social Security Number: _____

Occupation: _____

Employer Name Supervisor Name Phone Number

Describe your formal/informal training and experience pertinent to the volunteer services you would provide.

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What do you hope to gain from volunteering?

-

Other organizations to which you have provided volunteer services:

-

Supervisor: _____ Phone #: _____

When are you willing to volunteer? (days, times, dates) _____

To Be Completed By All Applicants Have you ever been convicted of any criminal offense other than the following:

Minor traffic violation fine \$500.00 or less; or offenses settled in juvenile court or under welfare youth offender law.

Yes [] No [] If yes, please

explain: _____

-

Certifications

Are you certified in: a)First Aid Yes [] No [] b)CPR Yes [] No [] c)Pediatric CPR Yes [] No [] d)Lifeguard Yes [] No []

When Driving Is Required

1. Do you have a valid driver's license? Yes[] No[] # _____ 2. Do you have a valid Class 11/B license? Yes[] No[] 3. Do you possess a youth bus/school bus driver's certificate? Yes[] No[]

In compliance with U.S. Department of Transportation FHWA, Every Nonprofit will conduct pre-agreement drug testing and random drug and alcohol testing of bus drivers

References (Exclude Relatives)

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any volunteer/employment involving supervision of children.

1. _____

Name Occupation Work Phone Home Phone

2. _____

Name Occupation Work Phone Home Phone

Emergency Information Name and phone number of person to be notified in case of accident or emergency.

Signature of Applicant Date; _____

When practical, volunteers should not put themselves in a position in which they are alone with a single child and cannot be

Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, The Nonprofit Organization review and acceptance of fingerprint record and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature of Applicant Date :

For Office Use Only

Tree of Life Counseling Center and Foundation,inc

Program/Dept./Camp:

Program Director: _____

Start Date: _____ End Date: _____

Volunteer Services Title: _____

Approve by : _____