

Volunteer Application



CONTACT INFORMATION	
Name (Last, First, Middle)	
Street Address	
City, State Zip	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Emergency Contact	Phone
Male / Female (circle one)	
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how old? Date of Birth:
Are you affiliated with a church?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Pastor's Name?
If yes, what church?	

AVAILABILITY

When are you available to volunteer?

- Weekday mornings Weekday afternoons Weekday evenings
 Weekend mornings Weekend afternoons Weekend evenings

INTERESTS

Which areas you are interested in volunteering:

- | | |
|--|--|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Resident Shelters |
| <input type="checkbox"/> Chapel Service | <input type="checkbox"/> Samaritan Center |
| <input type="checkbox"/> Distribution Center | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> "Feed My Sheep" Dining Room | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Hidden Treasures Thrift Store
(Canonsburg, Monongahela,
Washington, Rostraver,
North Strabane, Waynesburg, Morgantown) | <input type="checkbox"/> Telephone Calls |
| <input type="checkbox"/> Instructor/Teacher
(with approved curriculum) | <input type="checkbox"/> Volunteer Drivers |
| | <input type="checkbox"/> Maintenance |
| | <input type="checkbox"/> Career Center |

QUALIFICATIONS/SPECIAL SKILLS

What qualifications (training, certificates licenses, degrees, experience) and/or special skills that you have which will help demonstrate your ability to assist in the interest areas that you checked above:

DISCLOSURES

Have you ever been a resident of the City Mission? Yes No

If yes, when (list dates)?

Do your hours need to be tracked for Community Service? Yes No If yes, please explain and **list total hours needed.**

REFERENCES

Please list two (2) references. NO RELATIVES

Name	Address	Relationship	Phone/Cell	Email

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I acknowledge that I am volunteering my services freely without any understanding or promise of reward or compensation for my services.

As part of my City Mission volunteer service, confidential information may be disclosed to me. I agree that whenever that is done, I will respect the confidentiality of that information.

I also acknowledge that upon accepting this agreement that I permit the City Mission to perform any necessary background and reference checks.

Name (print)

Date

Signature

Please mail to:

City Mission

Volunteer Department

84 West Wheeling Street

Washington, PA 15301

Ph. 724/705-7137 email volunteer@citymission.org

Background Check Authorization

Print Name:

(First)

(Middle)

(Last)

Former Name(s) and Dates Used:

Current Address Since:

(Mo/Yr)

(Street)

(City)

(Zip/State)

Prior Address

(Mo/Yr)

(Street)

(City)

(Zip/State)

Social Security Number

Date Of

Birth:

Telephone Number:

Drivers License Number/State:

The information contained in this application is correct to the best of my knowledge. I hereby authorize **CITY MISSION** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **CITY MISSION** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**** CITY MISSION and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth. This information will not be shared.**

Signature: _____

Date: _____