Personal Information

**Contact Info**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you learn about Grandma’s House?**

Presentation/Event

Newspaper/Media

Friend/Intern

Other (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Volunteer Experience

**Why would you like to be a volunteer at Grandma’s House?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **What volunteer opportunity at Grandma’s House interests you the most?**  Fundraising Events Advocacy Support Office work Cleaning Crew/ Outside Maintenance  Donations Support Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

 Ability to use personal gifts/talentsFlexible hours

 Opportunity to spend time with the residents Opportunity to connect with others

 Active and hands-on (versus low-key)Level of independence/autonomy

 Ability to think creativelyLife experience

 Being involved in community workOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment

Employment Status: (Please Circle)

 Full-Time Part-Time Not Employed Retired

|  |  |
| --- | --- |
| Current Employer Name |  |
| Address |  |
| City, State, Zip code |  |
| Phone Number |  |
| Job Title |  |
| Supervisor |  |
| Length of Employment |  |

Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Diploma Received? Y N | Date Received: |
| Community or Junior College |  | Degree Completed? Y N | Date Received: |
| College or University |  | Degree Completed? Y N | Date Received: |
| Post-graduate Education |  | Degree Completed? Y N | Date Received: |

# 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? \_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long has he/she known you? \_\_\_\_\_\_\_\_\_\_\_

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 Grandma’s 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 Grandma’s House CAC 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 Grandma’s House CAC to complete criminal background and reference checks to verify my identity and ensure the security of the families and confidential documents at Grandma’s House. I understand this confidential record will be kept on file at Grandma’s House CAC.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

 **Signature of Volunteer Printed Name Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

 **Signature of Volunteer Coordinator Printed Name Date**