

VOLUNTEER APPLICATION

Name: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ May we call you at work? Yes No Emergency only

Birthday: ____/____/____ (mm/dd/yyyy) Email: _____

Emergency Contact: _____ Phone: _____

Work History:

Name of Employer	Years of Service	Description of Work/Occupation/Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer History:

Organization	Years of Service	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have: Your own transportation? Yes No Liability Insurance? Yes No

Valid Driver's License? Yes No (Please provide a copy of current vehicle insurance and driver's license)

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your volunteer work?

What volunteer opportunities are you interested in? (Please circle all that interest you.)

- | | | |
|-------------------------------|-----------------------------------|------------------------------|
| Office Work | Shelter Supervision | Donation Solicitation/Pickup |
| Marketing | Church/Community Liaison | Helping organize volunteers |
| Mentoring | Creating Hygiene Baggies/Baskets | Cooking |
| Sorting & Dispensing Supplies | Overnight/Weekend/Evening Support | Providing Transportation |
| Teaching/Leading Studies | Construction/Maintenance | Help with fundraisers |

As any organization providing care to individuals and families within their community, Central KS Dream Center has a special responsibility to protect the interests of both the families and individuals they serve and volunteers that support their programs. Please list three references. At least two of these individuals will be contacted regarding their opinion of your ability to perform the duties required of a CKDC volunteer. References will remain confidential.

Personal Reference: (excluding family members) Please provide a complete address, as references are verified by mail if unable to contact by phone.

1. Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

2. Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

3. Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Do you give permission for above individuals to be contacted? yes no

Have you ever been convicted of a felony: yes no

If yes, explain _____

Reported for adult/child abuse: yes no

If yes, explain _____

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my character and public records for the purpose of determining my suitability as a volunteer (KBI, DCF, Adult & Child Abuse Registry). Knowing that every saint has a past and every sinner has a future, please bring any areas of concern to the attention of the Director prior to background check being completed. Deemed status available for those whose employers can provide necessary documentation on background.

Applicant Signature

Date