

Volunteer Service Application

Volunteer Services is in existence to provide an extra pair of hands and stimulate community support for Pine Rest. Volunteers receive opportunities to use and develop their God given gifts, develop friendships, and gain a sense of worth from their service.

Volunteers are a special group of people and must be nurtured and recognized as an important part of Pine Rest. Also, staff must recognize that a volunteer's time is a gift and that a sense of belonging and a meaningful volunteer position is essential.

Personal Information

Date:

Name _____ Social Security _____

Address _____ Birth date _____
first last *Street Month & day only*

_____ *City State Zip*

Daytime Telephone No.: _____ Email Address: _____

Who to contact in case of an emergency _____
Name Phone

Have you ever been convicted of a felony, or have any felony charges pending against you? Yes No

If yes, please explain: _____

Are you willing to take a physical exam including a test for current use of illegal drugs? Yes No

Volunteer Experience:

Have you ever done Volunteer services before? Yes No Where? _____

What were your volunteer duties? _____

Why do you want to volunteer at Pine Rest? _____

List any important skills or experiences that you feel will help us find an appropriate placement. _____

Education

<u>Name</u>	<u>Did you Graduate</u>	<u>Degree Received</u>
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High school _____

College/University _____

Graduate School _____

Special Training _____

Availability

Date available to begin volunteer service: _____

Length of volunteer service commitment:

1 month 2 months 6 months 1 year Other

Times available:

	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Please list two individuals you have known in the past five years.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ / _____ / _____ Relationship to the Applicant _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ / _____ / _____ Relationship to the Applicant _____

The information contained in this application is true. I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute sufficient cause for Pine Rest to terminate my volunteer service.

I understand and agree that all information furnished in this application may be verified by Pine Rest, I hereby authorize all

individuals and organizations named or referred to in this application and any law enforcement organization to give Pine Rest all information relating to such verifications and hereby release such individuals, organizations and Pine Rest from any and all liability from any claims or damages resulting there from.

Applicant's Signature _____ Date _____