

Date:

VOLUNTEER SERVICE APPLICATION

*optional

NAME: _____ GENDER: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE: _____ E-MAIL ADDRESS: _____

PLACE OF BUSINESS: _____ BUSINESS PHONE: _____

*MARITAL STATUS: _____ *BIRTHDATE: _____ *AGE: _____

*NUMBER OF CHILDREN: _____ *AGES: _____

*ETHNIC BACKGROUND: _____ *CHURCH AFFILIATION: _____

*EDUCATION - Highest Grade or Degree Completed: _____ Where: _____

*If pursuing a degree, in what field: _____

DO YOU HAVE TRANSPORTATION AVAILABLE? _____

HAVE YOU DONE VOLUNTEER SERVICE BEFORE? _____ WHERE? _____

FOR HOW LONG? _____ WHAT? _____

PLEASE STATE ANY FOREIGN LANGUAGES YOU MAY SPEAK: _____

WHAT TYPE OF VOLUNTEER SERVICE ARE YOU INTERESTED IN?

(1) Mentor: Child _____ (3) Clerical _____ (5) PARA - ESL _____

I am available for a 6 mos. to 1 year commitment Yes No

(2) Tutor _____ (4) Transporter _____ (6) Other _____

I am available for the school year Yes No

SPECIAL SKILLS OR TALENTS: _____

PLEASE LIST THREE REFERENCES WHO RESIDE IN THE UNITED STATES, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR, AND WHO ARE NOT RELATED TO YOU. YOU MUST INCLUDE THEIR PHONE NUMBER, AS WELL AS THEIR FAX NUMBER or E-MAIL: (If possible, please provide one employer reference.)

1. _____
(Name) (Phone Number) (Fax Number) OR (E-mail)

2. _____
(Name) (Phone Number) (Fax Number) OR (E-mail)

3. _____
(Name) (Phone Number) (Fax Number) OR (E-mail)

I authorize Bethany Christian Services to investigate my past work or school record and performance. I release all employers, schools, or person supplying such information from all liability arising out of their response to such investigation.

On the back of this application, please briefly explain why you are interested in volunteering at Bethany and include any important experiences or facts about yourself that will help us to better understand who you are.

Applicant's Signature: _____

I, the undersigned, authorize the Department of State Police, Central Records Division, and local police, to conduct a criminal history file by name and identifiers to determine the existence of any arrest resulting in conviction. I, the undersigned, also authorize Bethany Christian Services to submit a request for my driving record in order to comply with state and accreditation regulations.

BETHANY CHRISTIAN SERVICES

Today's Date: _____

Print Full Name with Middle Initial: _____

Race: _____

Signature: _____

Previous Last Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

MEDICAL REPORT FOR VOLUNTEERS

Significant Health History

Please indicate if you have had any of the following conditions and when.

	Dates		Dates
<input type="checkbox"/> yes <input type="checkbox"/> no	Allergy _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Epilepsy _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Asthma _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Heart Disease _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Cancer _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Kidney Disease _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Cerebral Palsy _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Meningitis _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Convulsions _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Psychological or Nervous Disorders _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Depression _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Tuberculosis _____
<input type="checkbox"/> yes <input type="checkbox"/> no	Diabetes _____	<input type="checkbox"/> yes <input type="checkbox"/> no	Closed Head Injuries or Tumors _____

If you have checked "yes" to any of the above, please provide dates.

On the back of this form, please list other significant medical history, such as: counseling, operations, trauma, hospitalizations, and any medications you may be taking that would alter your moods.

Signature: _____ **Date:** _____

