

Gateway House of Peace

VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

EMAIL: _____

HOME PHONE: _____ WORK PHONE: : _____ CELL PHONE: : _____

DATE OF BIRTH: _____ SEX: M F

OCCUPATION _____ FULL TIME ____ PART TIME ____ RETIRED Y N

EMPLOYER _____ WORK PHONE _____

STUDENT? Y N FULL TIME _____ PART TIME _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN:

HAVE YOU WORKED AS VOLUNTEER BEFORE? Y N

IF YES, WHERE HAVE YOU VOLUNTEERED? FOR HOW LONG? WHAT TYPE OF WORK DID YOU DO?

WHAT EXPERIENCES HAVE YOU HAD WITH DEATH OR OTHER TYPES OF LOSS?

WHY ARE YOU INTERESTED IN VOLUNTEERING AT GATEWAY HOUSE? _____

HOW DID YOU HEAR ABOUT OUR COMMUNITY SUPPORT HOME FOR END OF LIFE CARE?

WHAT TYPE OF VOLUNTEER ACTIVITIES ARE YOU MOST INTERESTED IN AT GATEWAY HOUSE?
CHECK AT LEAST TWO

Resident Care ____ Housekeeping ____ Cooking ____ Fundraising / Public Relations ____

Gardening _____ Property Maintenance _____ Office Help _____ Other _____

DO YOU HAVE HEALTH PROBLEMS OR PHYSICAL LIMITATIONS, WHICH WOULD RESTRICT THE WORK THAT YOU CAN DO? (Ex. back trouble)

WE ASK THAT VOLUNTEERS DO A MINIMUM MONTHLY 4-HOUR SHIFT (except overnight hours, which are 8-hour shifts). IS THAT POSSIBLE FOR YOU? EXPLAIN ANY DIFFICULTY WITH TIMING.

PLEASE INDICATE AVAILABILITY:

Weekdays _____ Weekends _____ 8 Hour Overnight Shifts? _____ Short Notice? _____

Time Preferences:

7am-11am ___ 8am-12n ___ 11am-3pm ___ 12n-4pm ___ 3pm-7pm ___

4pm-8pm ___ 7pm-11pm ___ 8pm-12m ___ 11pm-7am ___ 12m-8am ___

PLEASE GIVE THE NAMES, ADDRESSES AND PHONE NUMBERS OF TWO REFERENCES WE MIGHT CONTACT:

Name:	Name:
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Relationship	Relationship

Except for minor traffic violations, have you ever been convicted of a violation of the law?
YES NO (circle one)

(A "YES" answer does not necessarily preclude you from employment with Gateway House of Peace.) You must disclose violations, misdemeanors, and felony convictions including all DWI and DWAI convictions. You should answer NO if you have had a conviction sealed by a court, the offense resulted in youthful offender adjudication, or if it was adjourned in contemplation of dismissal (ACOD) and the adjournment period has ended.

If you answered "YES," please provide the following information:

List ALL violations(s) or crime(s) of which you were convicted and the date(s) of the convictions below: (attach additional sheet of paper if more space is needed)

Are you currently on parole or probation? No Yes

If Yes, please explain:

Are you currently awaiting trial on any criminal charge? No Yes

If Yes, please explain:

Have you ever been discharged or asked to resign from any position in the past 7 years?

No Yes

If Yes, please explain:

****CERTIFICATION AND RELEASE:** I affirm under penalty of perjury that all statements made on this application are true. I understand that all statements made by me in connection with this application are subject to investigation and verification which may include checking any and all public records to verify the accuracy of information provided. An omission, material misstatement or fraudulent representation may disqualify me from appointment and/or lead to revocation of my appointment.

SIGNATURE

DATE