



Volunteer Information Sheet

Full Name _____ D.O.B. _____ SS# _____

Address: _____

Phone #: _____

E-mail: _____

Relevant qualifications:

Relevant experience:

Reason for volunteering:

What times are you available to volunteer?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri _____ Sat. _____

References

Name: _____ Relation to reference: _____ Phone #: _____

Name: _____ Relation to reference: _____ Phone #: _____

Statement of faith:

Personal testimony:

How did you hear about volunteering at Sox Place?

Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct?

Authorization for Background check

As a volunteer applicant for Sox Place I understand that a thorough background investigation is conducted to qualify me for volunteering.

Applicant's Signature _____ **Date** _____