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| Volunteer Application | A picture containing object  Description automatically generated |

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|  | |  | | Date: | | MM |  | DD |  | YY |
| Name | | Address City | | | State/Zip | | | | | |
| Phone Number | |  | | | | | | | | |
| When would be a good time to reach you? | | Time | | | May we leave a Voicemail Message? | | | | | |
| Email Address | | Do you have a Driver’s License? | | | Do you have your own reliable transportation? | | | | | |
| Permission to Text/Call/Email? (Y/N) | | Prior Volunteer Experience? Y/N | | | If yes, with whom? | | | | | |
| What would you like to volunteer for? | | Have ever been convicted of a felony? (if yes, please explain) | | | | | | | | |
| Have you ever been convicted of any type of Criminal Sexual Conduct? | | | | | | | | |
| Would you consent to a background check prior to being able to volunteer? | | Yes I agree to background check  (Signature here) | | | | | | | | |
| What is your availability? (List days/times) | | Monday – Friday  Saturday - Sunday | | | | | | | | |
|  | |
| Referred by: | Name or person or Organization | | Email to: [Thaarcareservices@gmail.com](mailto:Thaarcareservices@gmail.com)  Or  Fax to: 248-250-5482 | | | | | | | | |
| References:  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Use Only:  Application Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)  Call/Email/Text Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Time)  Application Approved/Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By Whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Background Check By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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