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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 |
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| Referred by: | Name or person or Organization | Email to: Thaarcareservices@gmail.comOrFax 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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