



410 W. 13TH AVENUE
 GARY, IN 46403
 (219) 885-2282

www.sojournertruthhouse.org

Poor Handmaids of Jesus Christ



Partners in the work of the Spirit

Volunteer Application

APPLICANT INFORMATION						REVISED 6-2015
Last Name		First Name		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		Zip Code		
Home Phone			Cell Phone			
Are you under the age of 18?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, how old are you?			
E-mail Address						
Driver's License	YES <input type="checkbox"/> NO <input type="checkbox"/>	Driver's License Number	Number _____	State _____		
EDUCATION						
Current High School Student?	YES <input type="checkbox"/> NO <input type="checkbox"/>	High School Graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have transportation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College Student?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of College				
Name of Degree						
Volunteer Experience						
Skills & Experience						
Courses & Training (e.g. first aid, CPR)						
Special information (e.g. allergies)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Special needs/health restrictions	YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes to the above, please provide more information and action plan						

EMERGENCY CONTACT*In case of an emergency, who can we notify?*

Full Name		Relationship	
Address			
City		State	Zip Code
Home Phone		Cell Phone	

AVAILABILITY**HOW OFTEN CAN YOU VOLUNTEER? PLEASE INDICATE THE DAY AND THE TIME FRAME BETWEEN THE HOURS OF 7:30 AM AND 4:00 PM MONDAY THRU FRIDAY**

Monday	Start	Finish	Tuesday	Start	Finish
Wednesday	Start	Finish	Thursday	Start	Finish
Friday	Start	Finish	Weekend Special Events	Start	Finish

PLEASE CHECK THE AREAS YOU WOULD BE INTERESTED IN VOLUNTEERING

<input type="checkbox"/> Child Enrichment Center Volunteer	<input type="checkbox"/> Clothes Closet STH Boutique Volunteer	<input type="checkbox"/> Community Outreach Volunteer	<input type="checkbox"/> Community Interviewer Volunteer	<input type="checkbox"/> Front Desk Assistant Volunteer
<input type="checkbox"/> Fundraising Volunteer	<input type="checkbox"/> Food Pantry Distribution Volunteer	<input type="checkbox"/> Kitchen Assistant Volunteer	<input type="checkbox"/> Maintenance Volunteer	
<input type="checkbox"/> Move-In Volunteer	<input type="checkbox"/> Nursing Volunteer	<input type="checkbox"/> Office Assistant/Data Entry Volunteer	<input type="checkbox"/> Volunteer Driver	<input type="checkbox"/> Special Events Volunteer

DISCLAIMER AND SIGNATURE

I hereby certify that there are no willful misrepresentations in, and no falsifications of the foregoing statements and answers to questions. I give consent to Sojourner Truth House staff for verification of this information, and I am aware that should investigation disclose such misrepresentation and falsification, my application will be rejected or I will lose my volunteer position with the program.

Signature of Applicant

Date / /

FOR OFFICE USE ONLY

Background Check completed: / /	Orientation completed: / /
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