

Interfaith Hospitality Network Volunteer Application

PERSONAL INFORMATION Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City/State/ZIP)

Home Phone: _____ Email: _____

Business Phone: _____ Cell: _____

Social Security Number: _____ Birthdate: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY: _____
(Name)

(Relationship) (Phone)

Have you ever been convicted of a crime (other than traffic violations)? YES NO
(A conviction record will not necessarily be cause for disqualification from volunteering.
A background check will be conducted for all potential volunteers.)

If yes, please describe conviction(s) and give date(s) and locations: _____

TRAINING AND SKILLS

Education: Check last year completed 6 7 8 9 10 11 12
College 1 2 3 4 Graduate 1 2

Name of college: _____ Degree: _____

Other vocational/technical/professional training: _____

Special interest/hobbies: _____

Skills: Computer Signing Foreign Language: _____ Other: _____
 Financial Teaching Coaching

How did you learn about volunteer opportunities with IHN?

Friend/Family Member Phone book
 My congregation www.ihncincinnati.org
 Other _____ other website: _____

When are you available to volunteer?

Mon Tue Wed Thur Fri Sat Sun
 morning afternoon evening

Is there a certain kind of volunteer service you are interested in? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> Odd jobs (changing light bulbs, light maintenance) |
| <input type="checkbox"/> Working with Adults | <input type="checkbox"/> Office /Clerical |
| <input type="checkbox"/> Working with families | <input type="checkbox"/> Telephone follow-up with clients or other agencies |
| <input type="checkbox"/> Volunteering with my family | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teaching | _____ |
| <input type="checkbox"/> Reception | |
| <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Public Relations | |

How do you prefer to work?

- | | |
|---|--|
| <input type="checkbox"/> Individually/Independently | <input type="checkbox"/> In a group |
| <input type="checkbox"/> With one or two others | <input type="checkbox"/> No preference |

Is there any other information you would like to share with us that will help in selecting an appropriate volunteer position (ex. "would not like to be on my feet the whole time")?

How do you hope to benefit from your volunteer experience?

EXPERIENCE:

Please complete information about your recent work and/or volunteer experience(s):

1. _____
(Organization) (Position)

(Description of responsibilities)

2. _____
(Organization) (Position)

(Description of responsibilities)

REFERENCES

List two persons not related to you who can speak to your qualifications for this position. If you have previous experience as a volunteer, list one reference from that organization.

1. _____
(Name) (Relationship)

(Home phone) (Cell phone) (Work phone)

(Address) (City/State/ZIP) (email address)

2. _____
(Name) (Relationship)

(Home phone) (Cell phone) (Work phone)

(Address) (City/State/ZIP) (email address)

THANK YOU for completing and returning this application. All of the information on this form is considered confidential. Please read and sign the following statement before returning the application.

In making this application for volunteer service to Interfaith Hospitality Network of Greater Cincinnati, I express my understanding that all associates of IHNGC, volunteer and employed, are bound by the regulations, policies, procedures and laws that govern IHNGC. I certify that all information provided on this application is true and complete. I give permission to IHNGC staff to contact my listed references and the organizations listed in my experience section as well as complete a criminal background check. I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date.

I give IHNGC permission to use my photograph, voice or image, with or without my name, both singly and in conjunction with other persons or objects for publicity or recruitment purpose.

Check here if you do not grant permission for your photo to be used by IHNGC.

(Signature) (Date)