



VOLUNTEER APPLICATION

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ ZipCode: _____ Email: _____

Date of Birth: _____

Have you ever been arrested or convicted of criminal activity? Circle one: Y or N

If yes, please explain: _____

All information on this application will be kept confidential. All selected volunteers must attend in-house training which is offered twice yearly.

Training/Gifts:(Please use the back of this form if necessary)

1. What is your educational background? _____

1. List any special training, Biblical studies and/or educational experience?

1. Place of employment: _____

Interests/Hobbies:

1. What do you like to do in your spare time? _____

1. What special abilities or talents do you have? _____

General Confidential Information:

1. What drew you to this ministry? _____

1. What other ministries or organizations have you been involved in?

General Confidential Information continued: (Please use the back of this form if necessary)

1. How does your spouse/family feel about you volunteering at Tommy's House?

1. Please mark accordingly which describes your knowledge of Substance Use Disorder:
____ Excellent ____ Good ____ Fair ____ Poor
1. Do you have a current valid driver's license, vehicle registration and insurance?
Y or N
1. How would you describe your relationship with God? _____

1. Do you attend church regularly? Y or N
2. What church do you attend? _____

AVAILABILITY:

1. Please check the days you would be available.
2. Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ Sunday__
3. Please note the hours you are available: Example: 9-11am/1-4pm

4. How many hours per week would you be able to volunteer? _____

In which of the following areas are you interested?(please check accordingly)

___ Bible Study Leader ___ Building Maintenance ___ Donation Storage/Inventory
___ Support Staff(copying, mailings, filing) ___ Mentor ___ Aftercare ___ Church Liaison
___ Activity Chaperone(attend art therapy, Tommy's Market etc.) ___ Community

Outreach

___ Fundraising/Special Events ___ Board Membership ___ Technology(IT/software)
___ Marketing/Social Media ___ Transportation(rides for residents to appts/shopping)
___ Substance Use Counseling(must be trained/certified) Other: _____

References: Please list the names of your pastor and two other (nonfamily) people we may contact as references.

Name	Email(or physical address & zip)	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I promise that the above statements are true and complete.

Signature: _____

Date: _____

For office use only:

Received by: _____ **Date:** _____

Interview Date: _____

Comments: _____

Reference Checks completed by: _____ **Date:** _____

Comments: _____

(Revised 5/11/22)