

CORNERSTONES OF CARE
 Gillis – Healthy Families Counseling & Support - Marillac – Ozanam – Spofford
Volunteer Application/Notification/Authorization/Release of Information

Please Print

Name _____

Address _____

Telephone Number _____ Alternate Telephone Number(s) _____

E-mail Address _____

Agency you would like to volunteer: COC Gillis HFC&S Marillac Ozanam Spofford

Highest level of Education: High School Associate Degree Bachelor Degree Advanced Degree

Area of study: _____

Volunteer opportunities that you are interested in: _____

Availability (check all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mornings (9-12) Afternoons (1-5) Evenings (6-9) Special Events Only Other _____

Date Available to Start Volunteering _____

Have you ever been convicted, pled no contest, or pled guilty to any criminal offense other than a minor traffic violation? Yes No
 (If yes, please attach a separate letter of explanation)

Have you ever been reported to any registry of sexual or child abuse in any of the United States and/or convicted of child abuse or neglect?
 Yes No

Are you 21 years of age or older? Yes No

Please describe why are you are interesting in volunteering? _____

Personal References: Please list three (3) personal references. You may include previous employers or relatives.

Name	Address/City/State/Zip	Daytime Phone No.	Years Acquainted

Volunteer History: All applicants are required to complete the following history. Beginning with your present/most recent volunteer activity, volunteer positions you have held for the past five (5) years. Also include any volunteering working directly with children even if prior to the past five (5) years.

Organization Name _____ Contact Person _____

Telephone Number _____ Fax Number _____ Dates _____ to _____

Volunteer Activities _____

Organization Name _____ Contact Person _____

Telephone Number _____ Fax Number _____ Dates _____ to _____

Volunteer Activities _____

Organization Name _____ Contact Person _____

Telephone Number _____ Fax Number _____ Dates _____ to _____

Volunteer Activities _____

Person to notify in the event of an emergency:

Name _____ Address _____

Relation _____ Phone Number _____ Alternate Phone Number _____

By completing and returning this application, I am asking to be considered for a volunteer position with the Cornerstones of Care agency(ies) that I have listed. I have been notified that Cornerstones of Care may obtain one or more background investigation reports in connection with my application and/or at any time during which I am a volunteer. I hereby provide permission for a full background check including, but not limited to, criminal records, child abuse registries, motor vehicle records, personal references, and professional references. For certain volunteer positions, I may also be required to undergo a health assessment (including a tuberculin screening) on a biennial basis and provide a copy of my driver's license along with proof of automobile insurance and social security card. As of January 1, 2009 the State of Missouri requires volunteers working directly with children to be fingerprinted as part of their background check. I understand that I will need to pass all background checks and health assessments, as applicable, in order to volunteer. In the event that I am offered and accept becoming a volunteer, I agree to abide by agency policies and represent the mission of the organization at all times. I promise to abide by the work schedule and perform the tasks mutually agreed upon. I understand and agree that as a condition of volunteering, I will be required to sign a confidentiality statement. I certify that all information given herein is true and complete to the best of my knowledge, and that I have not withheld any information that would unfavorably affect my application for a volunteer position. I authorize an investigation of statements contained in this application. I understand that erroneous information will lead to the removal of my name for consideration for volunteer placement or termination of volunteer service.

Signature of Applicant *Printed Name of Applicant* *Date*