



# Application for Volunteers

Must be completed in blue or black ink

shiloh Home of Hope for *Women*  
A ministry of Family Life Services of Emporia, Inc.

Gray Areas MUST be filled in.

Code

NAME Last		First		M.I.	Birthday	
Phone		Social Security #				
E-mail		Position Applied For:				
Address						
Number	Street	City	State	Zip		

Have you ever been convicted of a felony offense within the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. A conviction will not automatically bar an applicant from volunteer consideration.

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children's Names and ages \_\_\_\_\_

**Employment History** List each job held, beginning with most current. If no employment history put N/A

1. Employer	From
Address	To
Number Street City State Zip	
Phone	
Job Title:	
Responsibilities and Skills:	
Reason for Leaving:	
2. Employer	From
Address	To
Number Street City State Zip	
Phone	
Job Title:	
Responsibilities and Skills:	
Reason for Leaving:	
3. Employer	From
Address	To
Number Street City State Zip	
Phone	
Job Title:	
Responsibilities and Skills:	
Reason for Leaving:	

**Character References:** List 3 unrelated individuals.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Length of Association \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Length of Association \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Length of Association \_\_\_\_\_

	Name and Location of School	# of years attended	Did you graduate?	Subjects Studied
Middle School				
High School				
College				

Are you attending school now? YES NO

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? \_\_\_yes \_\_\_no

If yes, please describe \_\_\_\_\_

In case of Emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## *Spiritual*

Do you consider yourself to be a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

What is a Christian to you? \_\_\_\_\_

Do you attend a local church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

Phone \_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_

What are your talents, interests, hobbies, and passions? \_\_\_\_\_

What do you consider to be your best traits? \_\_\_\_\_

What do you consider to be your greatest weaknesses? \_\_\_\_\_

Please list your previous ministry and/or volunteer experience (include when, where and how long). \_\_\_\_\_

What are your views concerning abortion? \_\_\_\_\_

How do you feel concerning the woman who has had an abortion? \_\_\_\_\_

What are your views concerning adoption as an option for unplanned pregnancy? \_\_\_\_\_

Please use the space below to write your "faith story" (your testimony), and include why you are interested in working in a ministry such as Shiloh or Family Life Service. Please add additional paper as needed.


How did you hear about Shiloh/ Family Life Services?

Advertisement\_\_\_\_\_ Relative\_\_\_\_\_ Friend\_\_\_\_\_ Church (which)\_\_\_\_\_

Walk-in\_\_\_\_\_ Other (describe)\_\_\_\_\_

Summarize Special Skills, Computer Skills with which you have experience, indicate length of time for each:_____

## Confidentiality Agreement

The Family Life Services and Shiloh Home of Hope for Women ministries are committed to providing our clients with accurate and complete information and service in a loving and compassionate manner. It is our desire to offer the very best care to our residents, so please be advised that any staff desiring to work directly with the residents of Shiloh will also be required to undergo a Criminal Background check. My signature below indicates my understanding and commitment to maintaining the strictest confidence of client/resident names, identities, circumstances, and outcomes. I also understand that any violation of the confidentiality agreement may result in termination of my position.

Signature Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Background Check Information Form**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_,  
give my permission for the release of any information concerning myself.

I understand that all information released will be for the exclusive and confidential use of Shiloh Home of Hope for *Women*.

**PLEASE COMPLETE THE INFORMATION BELOW BY PRINTING IN INK.**

**Print** First Name \_\_\_\_\_ **Print** Middle Name \_\_\_\_\_

**Print** Last Name \_\_\_\_\_

**Print** Maiden and Married Names, Nick Names or other Names used:

\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Gender** \_\_\_ Male \_\_\_ Female

**Current Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

Please contact Lee V. Alderman, if you have any questions about this form or the results from the background check. All information remains confidential.