



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? _____

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.