

Community Missions for Improved Housing Volunteer Application

Located in the SKIL Office at 202 N. Pennsylvania P.O. Box 944 Independence, KS 67301

Contact Information				
Name				
Street Address				
City, State Zip				
Home Phone				
Work Phone			Do you text?	
E-Mail Address				
Personal Data				
SS Number				
DOB				
Race				
Gender				
Have you ever been convicted of a felony?	YES	NO		
If Yes when? Give brief explanation				
•				
Availability				
During which hours are you available for volunt	eer assignments?			
,	end mornings			
	end afternoons			
•				
Weekday evenings Weeke	end evenings			
Interests				
Tell us in which areas you are interested in vol	unteering			
Administration				
Events				
Field work				
Fundraising				
Construction/labor				
 Deliveries				
Phone				
Newsletter production				
Volunteer coordination				

Special Skills, Qualifications or Licenses Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities.
Previous Volunteer Experience
Summarize your previous volunteer experience.
Person to Notify in Case of Emergency
Name
Street Address
City ST ZIP Code
Home Phone
Work Phone and Cell Phone
Work Phone and Cell Phone
Work Phone and Cell Phone E-Mail Address Do you have transportation? Are you willing to travel to nearby cities or rural areas?
Work Phone and Cell Phone E-Mail Address Do you have transportation? Are you willing to travel to nearby cities or rural areas? Agreement and Signature
Work Phone and Cell Phone E-Mail Address Do you have transportation? Are you willing to travel to nearby cities or rural areas? Agreement and Signature By signing the application I give permission to CMIH to do a background check and check my references. The reason is safety for you, other volunteers and the homeowners we serve.
Work Phone and Cell Phone E-Mail Address Do you have transportation? Are you willing to travel to nearby cities or rural areas? Agreement and Signature By signing the application I give permission to CMIH to do a background check and check my references. The reason is
Work Phone and Cell Phone E-Mail Address Do you have transportation? Are you willing to travel to nearby cities or rural areas? Agreement and Signature By signing the application I give permission to CMIH to do a background check and check my references. The reason is safety for you, other volunteers and the homeowners we serve. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in
Work Phone and Cell Phone E-Mail Address Do you have transportation? Are you willing to travel to nearby cities or rural areas? Agreement and Signature By signing the application I give permission to CMIH to do a background check and check my references. The reason is safety for you, other volunteers and the homeowners we serve. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.