

Contact Info

Name (include maiden if applicable)	
Street Address	
City, ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Date of Birth	
Social Security Number (required for background check)	
Church/Organization/Business Affiliation (if applicable)	

Availability

During which hours are you typically available for volunteering? (check all that apply)

- Weekday mornings (9am-noon) Weekend mornings (9am-noon)
 Weekday afternoons (2pm-6pm) Weekend afternoons (2pm-6pm)
 Weekday evenings (6pm-9pm) Weekend evenings (6pm-9pm)

Interests

Tell us in which areas you are interested in volunteering. (check all that apply)

Academic Team:

- Tutor
 Homework Helper
 Enrichment Teacher
 Activities Supervisor

Development Team:

- Mentor
 Bible Teacher
 Worship Leader
 Community Service Project Leader

Hospitality Team:

- Snack/Food Preparation
 Set-Up/Clean-Up Crew
 Special Events Planning Team

[Type text]

[Type text]

[Type text]

Which group do you prefer to serve? (check all that apply)

- Children (Elementary Grades Kindergarten – 5th)
- Middle School Youth (Grades 6-8)
- Families

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency

Name	
Phone Number	

Conduct Agreement and Signature

Do you have a history of the following: (please circle)

- Yes No Have you been arrested?
- Yes No Have you been involved with any allegations related to domestic abuse or violence?
- Yes No Have you been charged or convicted of any offense, other than a minor traffic violation, by any courts in the United States or a foreign country?
- Yes No Have you been charged or convicted of child abuse or neglect?
- Yes No Have you had your parental rights terminated?
- Yes No Do you have charges pending against you for any allegation of a criminal act?

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. I understand that by signing this agreement, I am providing consent to complete a background check in order to be approved as a volunteer of Latitude Collaborative.

Name (printed)	
Signature	
Date	

For office use: Application Received Background Check Submitted Volunteer Approved	_____ _____ _____
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