

Volunteer Application Form

Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____

Work/Cell Phone: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Previous Volunteer Experiences: _____

Medical Conditions: _____

Short Term or Long Term Assignments? _____

Days and Times available: _____

Type of volunteer work preferred: _____

I wish to volunteer at Tender Hearts because: _____

*The following section must be completed by volunteers desiring to work directly with the children for purpose of a S.L.E.D. check:

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

References (3 people not related to you): _____

To the best of my knowledge, all the information provided on this form is correct. I understand that Tender Hearts Ministries carefully screens volunteers that interact with children through S.L.E.D. and D.S.S., and I agree to the screening process. I also understand that if I choose to have direct interaction with clients I will be required to abide by the standards, policies, and procedures set forth by Tender Hearts Ministries and the department in which I work.

(Volunteer's Signature)