

## Volunteer Information Sheet (Form #2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

---

(The following is to be completed by Tier 2 Volunteer Applicants only.)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job description: \_\_\_\_\_

Previous work experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous volunteer experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special interest or gifts: \_\_\_\_\_

Position(s) or event(s) for which you are volunteering: \_\_\_\_\_

How many hours each week are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_ Event only

Why would you like to volunteer as a worker with children? \_\_\_\_\_

---

---

Have you ever been convicted or pled guilty to a misdemeanor or felony crime, including but not limited to drug related offenses, child abuse, crimes of violence, theft, or motor vehicle offences?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

---

---

Have you ever been exposed to an incident of child abuse or neglect? \_\_\_\_ Yes \_\_\_\_ No  
(If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the ordained clergy rather than answering it on the form. Answering yes or leaving the question unanswered will not automatically disqualify you from working with children.)

If yes how did you feel about the incident? \_\_\_\_\_

---

---

---

Would you be available for periodic volunteer training sessions? \_\_\_\_ Yes \_\_\_\_ No

**References:** Please list three individuals who are not related to you by blood or marriage as references. Please list references who have known you for at least three years.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_

Length of time acquainted with reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_

Length of time acquainted with reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_

Length of time acquainted with reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_