Crossroads Communities
Volunteer Application

APPLICANT INFORMATION: **DATE:** _____

FIRST **LAST** **PREFERRED NAME**

ADDRESS **CITY** **STATE** **ZIP**

PHONE **EMAIL** **DATE OF BIRTH**

Do you require a receipt of record for your volunteer time?

Yes ☐ **No** ☐

Are you over the age of 18?

Yes ☐ **No** ☐

Have you ever been convicted of a felony?

Yes ☐ **No** ☐

If "Yes", what type of offense _____ **When?** _____

Are you subject to any lifetime sex offender registry in any state? Yes ☐ **No** ☐

Availability: How many days a month would you want to volunteer? _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

WORK EXPERIENCE / EDUCATION:

Let us know any prior experience or skills that can help us with our organization!

How did you hear about us?

Interests: Please let us know which areas you'd like to volunteer in!

___ Administration

___ Event Coordination

___ Fundraising Events

___ Communication

___ Programs

EMERGENCY CONTACT:

FIRST **LAST** **RELATION**

CELL PHONE **EMAIL**

By signing below, I certify that all information provided on this application is true and complete to the best of my knowledge. I authorize Crossroads Communities to conduct a background check to verify the accuracy of my criminal history. I understand providing false information can be grounds for immediate rejection of this application.

Signature of Applicant: _____Date: _____

OFFICE USE ONLY		
Determination **Approved ☐** **Denied ☐**	**Date**	**Manager Initials**