



# 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!

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How did you hear about us?

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

- Administration
- Event Coordination
- Fundraising Events
- Communication
- Programs

**EMERGENCY CONTACT:**

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<b>FIRST</b>	<b>LAST</b>	<b>RELATION</b>
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**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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
<b>Determination</b>  Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<b>Date</b>	<b>Manager Initials</b>