



Administrative Office
 Address: 300 N. Queen St. Durham, NC 27587
 Phone: (919)683-5878 Fax: (919)682-2509
 Email: dWASHINGTON.genesisHOME@yahoo.com
 Web: www.genesisHOME.org

Volunteer Application

Please indicate volunteer interest(s):

Tutor Shelter Event Other: _____

PART I: Personal Information

Please print clearly:

Date	Social Security Number	Date of birth (mm/dd/yyyy)	Gender	
			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full name				
Home address				
City			State	Zip
Home phone		Work phone		
Email address		Driver's license number		State issued
Have you ever been convicted of a crime, or are you awaiting trial for a criminal offense?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain): _____				
Do you have any health issues or physical conditions that should be noted?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain): _____				
Do you have any mental health issues (current or past)?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain): _____				
Do you have any substance-abuse issues (current or past)?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain): _____				
Do you object to our agency running a background check on you?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain): _____				
Education level:		Language(s) spoken:		
Please describe any previous volunteer experience:				
What time(s) work best for your schedule?				
<input type="checkbox"/> After school <input type="checkbox"/> After 5 p.m. <input type="checkbox"/> Weekends <input type="checkbox"/> During business hours				

Emergency contact	Phone	Relationship
Special training, skills, hobbies		
How did you hear about Genesis Home?		
<input type="checkbox"/> Friend/relative <input type="checkbox"/> Newspaper <input type="checkbox"/> Web site <input type="checkbox"/> Other Web site <input type="checkbox"/> Other: _____		

PART II: Current Employer

Please provide current employment information.

Would you like us to keep your employer abreast of your volunteer service and achievement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer			
Address			
City		State	Zip
Phone		Your Position/Title	
Supervisor's Name		Supervisor's Position/Title	
Dates of Employment (mm/yyyy)	From	To	

PART III: Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Any information Genesis Home gathers from these references will be held as confidential and not released to you, the applicant.

Name			
Address			
City		State	Zip
Phone		Email	
Relationship		How long known	
Name			
Address			
City		State	Zip

Phone		Email	
Relationship		How long known	
Name			
Address			
City		State	Zip
Phone		Email	
Relationship		How long known	

PART IV: Program-Specific Information

Tutor applicants only

Please rate your comfort level in working with the following age groups (tutor volunteers only):

1 = I prefer working with this age group 2 = I feel pretty comfortable working with this age group 3 = I feel uncomfortable with this age group

K – 5 th grade	6 th – 8 th grade	9 th – 12 th grade
<p>Tutors only: Please tell us about any additional background experience, skills, interests, that you have that might enhance your ability to work with a particular child, youth, or teen:</p>		
<p>Tutoring volunteers only: Please describe any relevant experience providing academic enrichment for children:</p>		

Please read this carefully before signing:

Please initial each of the following:

_____ I agree to follow all agency policies and procedures and understand that any violation will result in suspension and/or termination of the volunteer relationship.

_____ I understand that Genesis Home is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Information Release Form
- Personal References Form

If selected, I will follow the policies and procedures of the program and be a dedicated, trustworthy volunteer.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Thank you for your interest in volunteering with Genesis Home!



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Information Release

Please mail or fax completed form to Genesis Home.

I, _____, understand it will be necessary for Genesis Home to conduct a background check regarding my criminal history and personal references.

I authorize Genesis Home to obtain any needed information regarding my legal/criminal history and character references from any state or federal agency and personal references for the purposes of participating in Genesis Home programs. Further, I provide permission for Genesis Home to conduct the same investigation of my background in previous states in which I have resided.

Signature

Date

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Please list any other cities, states, and dates of residency during the past 10 years.

City State From (mm/year) To (mm/year)

City State From (mm/year) To (mm/year)

City State From (mm/year) To (mm/year)

City State From (mm/year) To (mm/year)

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