

## The Community Outreach Volunteer Application

lame:				Date:	
	(First)	(MI)	(La	st)	
Address:					
	(Number and S	Street)	(City)	(State)	(Zip)
ate of Birth:		Phone Nu	umber: (H)	(C)	
mail Address	::				
o you belong	g to a Church Cc	ommunity?()Ye <i>If</i>		?	
Vho referred	you to become	a Mentor?			
Vhy would yo	ou like to be invo	olved in this organ	nization?		
				()No: <i>If yes, please e</i>	
	r been convicted			( ) No: <i>If yes, please e</i>	
ave you ever	r been convicted	d of a criminal off	ense? ( ) Yes	( ) No: <i>If yes, please e</i>	explain:
lave you ever Educat High School	tion	d of a criminal off	ense? ( ) Yes	( ) No: <i>If yes, please e</i>	explain:
Educat High School College/Univ	tion	d of a criminal off	ense? ( ) Yes	( ) No: <i>If yes, please e</i>	explain:
Educat High School College/Univ	tion  versity  ourses	d of a criminal off	ense? ( ) Yes  Years Com	pleted Specia	explain:
Educate High School College/Univ Additional Co	tion  ersity  ourses  specialized train	d of a criminal off  Location  ing or skills that r	Years Com	pleted Special of the ministry:	explain:
Educate High School College/Unive Additional Collegeribe any services any services any services any services and services are services and services	tion  ersity  specialized train  languages you	d of a criminal off  Location  ing or skills that r	Years Com	pleted Specia	explain:

(Please see Page Two)

## **Employment**

Employers are not contacted without your permission. This information assists us in funding and communications through our Sioux Empire United Way Grant process. If you are retired, please list most recent employer.

Employer:	Phone:
Address:	
	Title:
References	
To ensure quality programing, our Generate references.	sis Mentors are asked to provide three personal
Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:
Name:	Relationship:
Address:	Phone:
I give my permission for The Community Outrea Mentors.	ch to contact references for the purposes of screening Genesis
may be cause for exclusion from the Genesis Pro	true and correct. I understand that any omission or misstatement ogram or any other Program managed by this Ministry. I understand the National Sex Offender Registry and if I am on this registry, I will
duties to the best of my ability, to hold absolute	ed of my services as a volunteer I agree to perform my volunteer ly confidential all information about the ministry, its clients, tain, to adhere to the volunteer guidelines, and to meet my or arrangements can be made.
Signature:	Date: