

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: _____

Length in Current Position: _____ Title: _____

References

To ensure quality programing, our Genesis Mentors are asked to provide three personal references.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I give my permission for The Community Outreach to contact references for the purposes of screening Genesis Mentors.

This information contained in this application is true and correct. I understand that any omission or misstatement may be cause for exclusion from the Genesis Program or any other Program managed by this Ministry. I understand that the Ministry screens all volunteers through the National Sex Offender Registry and if I am on this registry, I will be disqualified as a Mentor.

Believing that The Community Outreach is in need of my services as a volunteer I agree to perform my volunteer duties to the best of my ability, to hold absolutely confidential all information about the ministry, its clients, employees, volunteers, or donors that I may obtain, to adhere to the volunteer guidelines, and to meet my commitments or provide adequate notice so prior arrangements can be made.

Signature: _____ Date: _____

*Complete and return to: The Community Outreach, 225 E 11th St Ste 200, Sioux Falls, SD 57104 or
dane@thecommunityoutreach.org.*