

# VOLUNTEER Application Form

PLEASE COMPLETE PAGES 1-3.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at current address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you under age 18 \_\_\_\_YES \_\_\_\_NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_NO

Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_NO. Proof of eligibility will be required if hired.

Position applied for (1) \_\_\_\_\_

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     TEMPORARY/CONTRACT

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Employee Referral? Name \_\_\_\_\_

**VOLUNTEER FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER in the ARMED FORCES?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer?       Yes     No

Did you complete this application yourself     Yes     No    If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation \_\_\_\_ Yes \_\_\_\_ No.

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**PLEASE READ CAREFULLY**

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I hereby authorize Grace Place/ Ambassadors for Christ to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Grace Place/ Ambassadors for Christ and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. If considered for volunteer position, you consent to a possible background check.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment/ volunteering if I am employed/ volunteering, whenever it may be discovered.

If I am employed or selected to volunteer, I acknowledge that there is no specified length of employment/ volunteer assignment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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I agree that if my application is approved that I will at no time bring alcohol or drugs on the premises, have in my vehicle or possession, nor allow any of the women to consume or have such substances in their possession. I will submit to a drug/alcohol test should an event arise that deems necessary for such testing. I understand that such test results will be kept confidential.

Thank you for completing this application form and for your interest in our business.

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**Applicant Signature**

**Print**

**Date**