**All Under One Roof**

**Volunteer Application**

*When you submit this application, you agree that:*

*You are willing to submit to a criminal background check.*

*If you are unwilling to submit, you are not able to volunteer at the center and should discontinue with the application process.*

**Date: Male / Female**

**First Name: Last Name:**

**Street Address:**

**City: State: Zip Code:**

**Phone: Ceil: Email:**

**Date of Birth: ( / / )**

**Emergency Contact:**

1 Phone:

2 Phone:

**Employer: Employer s Name:**

**Employers Phone: Position:**

**Education information:**

Some high school High School graduate

Some college/junior college College Degree

Post-graduate Master's or PhD

**Reference Name:**

1 Phone:

2 Phone:

3 Phone:

4 Phone:

**Why do you want to volunteer at the center?**

**What qualification do you feel you have that benefit the youth and the center?**

**What days you would be available to volunteer at the center?**

Monday Tuesday Wednesday Thursday Friday Saturday

**Time you would be available?**

Mornings Afternoons Evenings

**Volunteer Area of Interest**  (Check all that apply)

Program Volunteer Health Cooking

Event Volunteer Art Classes Sports

Fundraising Volunteer Gardening Other

**Have you ever been found guilty of a child protection/vulnerable adult violation? \***

No Yes

**Have you ever been found guilty of a child protection/vulnerable adult violation?**

No Yes

*1. All information is true.*

*2. You are volunteering your time and will not be paid for services rendered.*

*3. You indemnify and hold harmless the All Under One Roof Center against any and all liabilities that may arise as a result of your volunteer participation with the All Under One Roof Center.*

*4. That your will to give us approval for a background check and you will reimburse the center for your background check.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_