



Shelter House Volunteer Coordinator

331 N. Gilbert Street. P.O. Box 3146
Iowa City, IA 52244

VOLUNTEER APPLICATION

Applicant: Print clearly and return the completed form to the Volunteer Coordinator. Incomplete forms will not be considered.
If you need additional room to complete the application, please continue on the back of this application or on an additional piece of paper. Thank you!

<i>(Check one)</i> <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		Today's Date:	
First Name:		Middle Name:	Last Name:
Address:		City:	
State:	Postal Zip Code:	Telephone Number: ()	
Are you currently employed? <input type="checkbox"/> Yes, <i>(If yes, please complete information below)</i>		<input type="checkbox"/> No	
Employer:		Address:	
Describe Job Duties:			
Are you currently a student? <input type="checkbox"/> Yes, <i>(If yes, please complete information below)</i>		<input type="checkbox"/> No	
School:		Expected Graduation Date:	
Major(s), Minor(s)			
EMERGENCY CONTACT INFORMATION:			
Name:		Relationship:	
Telephone Number: ()			

Have you ever been arrested or convicted of a crime? *(If yes, please explain below)* No
(An affirmative response will not automatically disqualify you from being considered).

Are you doing this for court ordered community service? If yes, please explain your charges, hours needed and your probation officers contact information if applicable.

Education: Please provide the name and dates of any schools, colleges, or universities.

Name of High School:	High School Graduate (circle)	Yes	No
Name of College:	College Graduate (circle)	Yes	No

Other Education or Training:

Professional References: List two professional references who are able to comment on your ability to become a volunteer at Shelter House. No family members.

Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

Volunteer Experience: List current or previous volunteer activities you have been involved with.

Name of Volunteer Program and Contact Information

Why do you want to volunteer with the Shelter House?

Is there a particular type of assignment or volunteer duty you would prefer to do?

List languages spoken other than English:

List languages written other than English:

VOLUNTEER ASSIGNMENTS: Please check off which shift ranges you are available to work. Shifts are usually scheduled in one or two hour intervals.

Volunteer Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings between 9:00 am and 12:00 pm							
Afternoons between 12:00 pm and 4:00 pm							
Evenings between 4:00 pm and 9:00 pm							

SKILLS: Check the skills you have and would like to help with as a volunteer at Shelter House.

- | | | |
|---|--|---|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Educational Programming | <input type="checkbox"/> Janitorial Duties |
| <input type="checkbox"/> Reception Desk Skills | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Activities Programming |
| <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Dinner Serving | <input type="checkbox"/> Tutoring/Homework Help |

List other skills and/or experiences:

I have included a photo copy of my government issued photo identification card. Without this my application will be incomplete and I will not be considered for a volunteer position.

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Shelter House to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of Shelter House, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

Date

Signature of Applicant

Thank you for completing the volunteer application! Please remit the completed application to Megan DeMeulenaere, the Volunteer Coordinator at Shelter House. To submit this application, fax to (319) 351-2137, mail to P.O. Box 3146, Iowa City, IA 52244 or drop it off at 331 N. Gilbert Street, Iowa City.

FOR STAFF USE ONLY:

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|--|--|---|---|
| <input type="checkbox"/> Interview Scheduled | <input type="checkbox"/> Interview Completed | <input type="checkbox"/> Background Check Completed | <input type="checkbox"/> References Checked |
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Training Scheduled | <input type="checkbox"/> Shifts Scheduled | <input type="checkbox"/> Personnel File Created |