

LIBERTY CENTER OF SANDUSKY COUNTY
“A COMMUNITY EMERGENCY SHELTER”
VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

(city)

(state)

(zip)

Phone (day) _____ (evening) _____

S. S. Number _____ Sex _____

Date of Birth _____ Age _____

1. Do you have any special education or training that would benefit the shelter?

2. Do you have any physical limitations we should be aware of? Example: lifting, hearing loss, etc. _____

3. What days and hours are you available to work at the shelter? _____

4. Have you ever been convicted of a crime? If yes, please explain. _____

5. Do you have reliable transportation? _____

6. How long of a commitment are you willing to make to the shelter as a volunteer?

7. Why do you want to become a Liberty Center volunteer? _____

8. Are you available for weekdays, weekends or overnights? _____

9. Who should we contact in case of emergency? _____

10. Please list two references excluding relatives.

Name _____ Phone _____

Name _____ Phone _____

Please check areas that you may be interested in volunteering.

Shelter volunteer _____

Cooking _____

Fundraising _____

Mailings _____

Answering Phones _____

Maintenance _____

Children's program _____

11. Comments:

As a volunteer of the Liberty Center Emergency Shelter, I will adhere to and uphold all the rules and standards outlined in the procedures manual and support the decisions of the director or the person in charge during my shift.

Signature _____ Date _____

BACKGROUND RELEASE AND CONSENT

I hereby certify that I have given Liberty Center, Fremont, OH permission to seek copies of my arrest record including felonies, misdemeanors, and traffic citations from any appropriate law enforcement agency. Further, by affixing my signature below, I release now and forever, Liberty Center of Sandusky County, the responding agencies, and all individuals connected therewith, from any and all liabilities stemming from the release of the above information.

Signature _____ Date _____

Print name _____

Social Security Number _____

Date of Birth _____