

Volunteer Application Form

General Information

PRINT name:	Application Date:
Current address:	E-mail:
Cell Phone:	Preferred method of communication: Phone or Email
Home Phone:	Are you a student? Yes or No Are you employed? Yes or No

Emergency contact:
Relationship to applicant:
Address (if different than applicant):
Home Phone: Cell Phone:

How did you learn about opportunities with us?
What types of VOLUNTEER work have you done?
Can you commit to a regular schedule? If so, what days and times?
What skills/interests do you hope to use with us?
What are your personal goals while volunteering with us?
Have you ever been, or are you currently employed by Pine Haven Christian Communities? Yes or No If yes, please give date

<p style="text-align: center;">References – complete in full</p> <p><i>Please provide 2 references. At least one of them must be a professional reference. Choose people who have known you for MORE than 3 years. If you do choose to make a reference “personal”, it may NOT be a family member.</i></p>

Type of reference: (circle one) Personal or Professional
Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
e-mail: _____

Type of reference: (circle one) Personal or Professional
Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
e-mail: _____

____ I certify that all the information submitted by me on this application is true and complete. I understand that I will be free to leave my volunteer position at any time with or without cause; and I understand and agree that Pine Haven Christian Communities also may terminate my volunteer duties at any time with or without cause.

____ In consideration of my Volunteer Services, I give Pine Haven Christian Home authorization to do a background check and the ability to contact the references listed. I also release my references from all claims and liabilities of any nature arising from any information provided pursuant to this reference check.

____ I have received a copy of Pine Haven Christian Home's Volunteer Handbook. It is my responsibility to read the handbook and follow the guidelines in the handbook. It is also my responsibility to ask questions about anything I do not understand.

Volunteer's Signature: _____ Date: _____

In the event of an emergency, I give Pine Haven consent for emergency treatment.

Volunteer's Signature: _____ Date: _____

Volunteer Expectations

- I understand that I need to meet with the Volunteer Coordinator for an interview and orientation, at which point it will be decided if I will move forward as a volunteer with Pine Haven Christian Communities.
- I understand that I will need to follow Pine Haven's current infection control guidelines, including vaccinations, mask use, screening and Covid-19 testing.
- I understand that I must communicate regularly and directly with the Volunteer Coordinator regarding any changes to my schedule or availability. I must also communicate with the unit where I am assigned if I am unable to come in on short notice (when the volunteer office may be closed).
- I understand that I may not be selected as a volunteer for any reason, and that if I become a volunteer, my status as such may be terminated at any time for any reason.
- I submit this application with confidence that all information is true and accurate.

Applicant Signature

(Date)

Parent's Signature (if applicant is under 18 years of age)

(Date)
