

Volunteer Application Council for the Homeless

Applicant Information								
Full Name:			Date:					
	Last	First	t		M.I.			
Address:	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Pronoun:								
Phone:				Email				
School:				Grad. Year:				
Have you ever worked for, or received services from CFTH or a partner agency?		YES	NO	If yes, where and when?				
Have you ever been convicted of a felony or misdemeanor?		YES	NO					
If yes, expla	in:							
	Relevant Voluntee	r Expe	rienc	e (Place, Dates, 1	Tasks Perfo	ormed)		
	Relevant Employme	nt Exp	erien	ce (Place, Dates,	. Tasks Per	formed)		
	,			(,			
E	ducation or Special Train	ing (in	clude	any foreign lang	guage skills	s and licenses)		
Hobbies, skills, special interests								

Volunteer Position Preference(s) check all that you are interested in □ Volunteer Stuff Manager ☐ Diversion & Assistance Volunteer ☐ Housing Coordinator Volunteer ☐ Housing Hotline/Call Center Volunteer ☐ Office Maintenance Volunteer (HSC) ☐ Outreach Volunteer □ Administrative Assistant Volunteer (Admin Office at VHA) ☐ HMIS Volunteer (Admin Office at VHA) References Please list three professional references. Full Name: Relationship: Company: Address: Full Name: _____ Relationship: Company: Phone: Address: Relationship: Full Name: Company: Phone: Address: Military Service From: _____ To:____ Branch: Rank at Discharge: Type of Discharge: If other than honorable, explain:

Volunteer Acknowledgement and Signature

I certify that my answers are true and complete to the best of my knowledge. As part of the volunteer process, a criminal background check may be obtained. I give Council for the Homeless (CFTH) permission to obtain information regarding previous employment or volunteer experience, criminal history, and to investigate all information provided during the application process.

I understand that I must comply with all laws, regulations, and Council for the Homeless policies while performing volunteer services, and that use or possession of illegal drugs or alcohol is prohibited while performing volunteer services or at any CFTH facility.

I understand that my assignment is completely voluntary and a privilege. CFTH or I may end my volunteer service at any time, for any reason. Advance notice is appreciated. I may be removed from my assignment or moved to another assignment at any time. I understand that CFTH will attempt to accommodate but cannot guarantee my service assignment preference.

I understand that as a volunteer, I am not an employee of Council for the Homeless and therefore will not receive any wages, salary, benefits, insurance, or any other compensation for my services. I am volunteering to improve my community and understand that volunteering is not a promise of future employment.

I understand that false or misleading information in my application or interview may result in my release.

By submitting this application, I acknowledge that I have read and understand the above statements.

Volunteer Applicant Signature:		Date:	
If Applicant is under 18			
years old:		Date:	
	Parent or Legal Guardian		