



Volunteer Application

Contact Information

Name:
Street Address:
City, State - ZIP Code:
Cell Phone/Home Phone:
E-Mail Address:

Occupation

Please tell us what you do for a living. _____

Special Skills or Qualifications

Please share with us any special skills you might have, including hobbies.

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Previous Volunteer Experience

Please share with us any prior volunteer experience.

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Person to Notify in Case of Emergency

Name:
Street Address:
City, State - ZIP Code:
Home Phone:
Cell Phone:
E-Mail Address:
Relationship:

Background Check

Have you ever been charged or convicted of a crime? Your answer is kept confidential and will not necessarily exclude you from becoming a volunteer.

☐ No

☐ Yes

If yes, please explain what, when and where the incident occurred: _____

Covid-19 Testing

Please know that we have implemented multiple practices to ensure that our environment is safe for all people (e.g. universal masking, wearing gloves, temperature checks, screening for symptoms, increased frequency of disinfection, and minimizing or eliminating time spent indoors whenever possible). Complete the following section. The information you provide will be kept confidential.

Have you ever tested positive for Covid-19?

☐ Yes

☐ No

Agreement and Signature

By submitting this application, I affirm that the facts provided are true and complete to the best of my knowledge. I also understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the church.

Name (printed):
Signature:
Date:

Thank you for your interest in volunteering at Hope on Union, United University Church. We will review your application and contact you within seven days to set up a time to meet with you in person and discuss volunteer opportunities.

If you have any questions in the meantime, please contact the church office at 213-205-8933.