

Freedom House Volunteer Team Player Information

Personal Information

Today's Date

Company Name

Title First Name M. I. Last Name

Address City State Zip

Primary Phone Work Phone Cell Phone Email Address:

Gender Marital Status DOB Driver License #

Church Information

Church Name Length of Attendance

Church Address

Area(s) of Interest

- | | | |
|---|--|--|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Food Preparation |
| <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Laundry Assistance | <input type="checkbox"/> Pantry work |
| <input type="checkbox"/> Childcare (days or evenings) | <input type="checkbox"/> Yard work | <input type="checkbox"/> Hair Stylist |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Donation Pick-up Help | <input type="checkbox"/> Tutoring Children |
| <input type="checkbox"/> Fundraising events | | |

Type of Children/Youth you prefer to work with?

Other (please list)

Availability

Hours Available Monday Hours Available Tuesday Hours Available Wednesday

Hours Available Thursday Hours Available Friday Hours Available Saturday

Hours Available Sunday Do you volunteer Elsewhere? If Yes, Where?

Other Notes

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Confidential Information

This portion of the information sheet is considered confidential and is to be used only by your direct supervisor and program director. The information is taken by all applicants (volunteer or compensated) involved in any of the supervision of minors. It is used to assist Freedom House in providing a safe environment for children while in our facility. Any personal information given about yourself will be reviewed, but does not necessarily disqualify from working in this facility. However, refusal to fill out this portion may disqualify you from volunteering or working for Freedom House Ministries. Background checks are done on all volunteers.

Any physical conditions preventing certain physical activities?

Convicted of Felony

If Yes, Please explain

Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

**If charged,
please explain::**

The information contained in this form is correct to the best of my knowledge. I authorize any reference checks to be made and understand that a background check will be processed.

Signature

Date

Signature of Parent or Guardian if under 18

Date

Please return this form to one of the below:

**Freedom House Ministries
Attn: Sheana Roling
2997 St Anthony Dr
Green Bay, WI 54311
Phone: (920) 432-4646
Fax: (920) 432-2046
Email: sheana@freedomhouseministries.org**