



House of Help

community center

23700 Clarita Street
Detroit, Michigan 48219
313-766-6440 Office
313-766-6788 Fax

VOLUNTEER/WORKER APPLICATION AND SCREENING FORM

CONFIDENTIAL

This application and screening form is to be completed by all applicants for any position (Volunteer or compensated) involving the supervision or custody of minors. The purpose of this application and screening form is to help House of Help Community Center provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PERSONAL

Date of application: _____

Name: _____
Last First Middle Initial

Maiden Name/Aliases: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Number of years at this address: _____ Home Phone: (_____) _____

Prior address if less than one (1) year at present address: _____

City: _____ State: _____ Zip: _____

Pager: (_____) _____ Cell Phone: (_____) _____

Birthdate: _____ Social Security Number: _____

Race: _____ Sex: Male _____ Female _____

Driver's License/State ID#: _____ E-mail Address: _____

Present Employer: _____ May we call you at work? Yes: _____ No: _____

Occupation: _____ Work Phone: (_____) _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____

Spouse's Name: _____
Last First Middle Initial

(You may refuse to answer the following questions and discuss your answers in confidence with the Executive Staff rather than answering them on this form. Answering yes, or leaving a question unanswered, will NOT automatically disqualify an applicant for work at House of Help Community Center. If necessary, please attach a separate piece of paper to fully explain.)

1. Are you aware of any physical limitations which could impair your ability to be a youth worker? Yes___ No___
If yes, please explain: _____
2. Have you ever been convicted of, or pleaded guilty to a crime? Yes___ No___
If yes, please explain: _____
3. Have you ever been the subject of an allegation of abuse or molestation of a minor? Yes___ No___
If yes, please explain: _____
4. Were you the victim of abuse or molestation as a minor? Yes___ No___
If yes, please explain: _____
5. Do you presently have any communicable diseases (including HIV or AIDS)? Yes___ No___
If yes, please explain: _____
6. Do you drink? Yes___ No___
If yes, how often? _____
7. Do you use illegal drugs? Yes___ No___
If yes, how often? _____

REFERENCES (not relatives or former employers)

1. Name: _____

Last
First
Middle Initial

 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (_____) _____

2. Name: _____

Last
First
Middle Initial

 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (_____) _____

Summarize special job-related skills and qualifications acquired from employment, volunteer experiences, or other experiences which are relevant to the position(s) for which you are applying.

DESIRED AREAS OF VOLUNTEERISM

- | | | |
|--------------------|---------------------------------|--------------------------|
| _____ Plumbing | _____ Secretarial | _____ Youth Basketball |
| _____ Electrical | _____ Substance Abuse Counselor | _____ Arts and Crafts |
| _____ Painting | _____ Parenting Workshop | _____ Reading/Math Tutor |
| _____ Janitorial | _____ Child Day Care | _____ K.O.C.E |
| _____ Landscaping | _____ Youth Summer Program | _____ Dance/Drama |
| _____ Snow Removal | _____ Bible Study | _____ Hall Monitors |

Indicate the amount of time per week/month you can volunteer:

Day:	Time:	From	To
Monday		_____ AM / PM	_____ AM / PM
Tuesday		_____ AM / PM	_____ AM / PM
Wednesday		_____ AM / PM	_____ AM / PM
Thursday		_____ AM / PM	_____ AM / PM
Friday		_____ AM / PM	_____ AM / PM
Saturday		_____ AM / PM	_____ AM / PM

1. Date you would be available to start: _____
2. What is the minimum length of commitment you can make? _____
3. Would you be interested in volunteering during any special events? _____

STATEMENT OF FAITH
Please state your personal beliefs about God

FAITH / CHURCH HISTORY

1. Have you been born again? Yes___ No___
If yes, approximately when? _____
2. Have you been filled with the Holy Spirit? Yes___ No___
If yes, approximately when? _____
3. What other ministries are you involved in? _____

Local church you attend:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

PREVIOUS VOLUNTEER EXPERIENCE

Agency/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

.....

Agency/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

.....

Agency/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

.....

Agency/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

AUTHORIZATION AND RELEASE

The information contained in this application and screening form is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for work with youth. In addition, I authorize House of Help Community Center to conduct a criminal background check. In consideration of the receipt and evaluation of this application by House of Help, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance of any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and general policies of House of Help, and to refrain from unscriptural conduct in the performance of my services on behalf of House of Help. I further agree and acknowledge that if accepted for a youth worker/volunteer position, I may be terminated and removed from my position at any time, for any or no reason, by House of Help Community Center

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____ Date: _____