



VOLUNTEER APPLICATION

DATE: _____

NAME: _____ ORGANIZATION: _____

HOW DID YOU HEAR ABOUT HANNAH'S HOUSE? _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBERS: (Home) _____ (e-mail) _____

PLACE OF EMPLOYMENT: _____ PHONE # _____

SPECIFIC AREA OF VOLUNTEER INTEREST: _____

TIME OF DAY YOU ARE AVAILABLE: _____

DAYS OF THE WEEK YOU ARE AVAILABLE: _____

ARE YOU A CHRISTIAN? ___ YES ___ NO

HOME CHURCH YOU REGULARLY ATTEND: _____

PASTOR'S NAME: _____ PHONE NUMBER: _____

HAVE YOU EVER PARTICIPATED IN OR BEEN ACCUSED, CHARGED OR
CONVICTED OF CHILD ABUSE OR CHILD MOLESTATION? ___ YES ___ NO

IF YES, PLEASE EXPLAIN: _____

HANNAH'S HOUSE RESERVES THE RIGHT TO DO A BACKGROUND CHECK ON VOLUNTEERS.

REFERENCES:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

RELATIONSHIP TO YOU: _____

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