



Lean On Us Unity
House Of Faith Inc.

Volunteer Application

Position of Interest

Click here to enter text.

Contact Information

Applicant Name	Last Click here to enter text.	First Click here to enter text.	M.I. Click here to enter text.
Address Click here to enter text.			
City/Town Click here to enter text.	State	Zip Code	
Primary phone: Click here to enter text.	Other phone: Click here to enter text.		
Email Address: Click here to enter text.	Best method /time to reach you: Click here to enter text.		

Emergency Contact Information

Name Click here to enter text.	Relationship: Click here to enter text.
Primary phone: Click here to enter text.	Other phone: Click here to enter text.

Application Information

Do you speak any languages other than English? Please list language(s):	1. Click here to enter text.	2. Click here to enter text.
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Work Experience

(If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the LOUU-HOF volunteer position.)

Most Recent First

Organization Click here to enter text.		
City Click here to enter text.	State Click here to enter text.	
Position/ Title Click here to enter text.		
Type of work Click here to enter text.		
From: Click here to enter text.	To: Click here to enter text.	
Role: <input type="checkbox"/> Paid employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other		

Organization Click here to enter text.		
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Position/ Title Click here to enter text.		
Type of work Click here to enter text.		
From: Click here to enter text.	To: Click here to enter text.	
Role:	<input type="checkbox"/> Paid employee	<input type="checkbox"/> Volunteer <input type="checkbox"/> Other

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From: Click here to enter text.	To: Click here to enter text.	
Role:	<input type="checkbox"/> Paid employee	<input type="checkbox"/> Volunteer <input type="checkbox"/> Other

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Position/ Title Click here to enter text.		
Type of work Click here to enter text.		
From: Click here to enter text.	To: Click here to enter text.	
Role:	<input type="checkbox"/> Paid employee	<input type="checkbox"/> Volunteer <input type="checkbox"/> Other

Skills and Experience

Please describe any skills or experience that would enable you to perform the duties of an LOUU-HOF volunteer.

[Click here to enter text.](#)

Accommodations

Do you have any medical conditions that may affect your ability to function as an LOUU-HOF volunteer, or do you require any special accommodations that the LOUU-HOF coordinator of volunteers should be aware of? Yes No

If YES, please describe:

[Click here to enter text.](#)

Transportation

Are you licensed and able to drive an automobile? Yes No

If you will be driving to and from LOUU-HOF events or to conduct LOUU-HOF outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

Interest in the LOUU-HOF Program

How did you learn about the LOUU-HOF program?

[Click here to enter text.](#)

Please tell us why you would like to become an LOUU-HOF volunteer?

[Click here to enter text.](#)

Volunteer Availability

Please indicate the days and times that you would like to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name (First & Last) Click here to enter text.	
Phone No: Click here to enter text.	How long known? Click here to enter text.
Relationship Click here to enter text.	

Name (First & Last) Click here to enter text.	
Phone No: Click here to enter text.	How long known? Click here to enter text.
Relationship Click here to enter text.	

Name (First & Last) Click here to enter text.	
Phone No: Click here to enter text.	How long known? Click here to enter text.
Relationship Click here to enter text.	

Note: *To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a criminal record check. If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.*

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the LOUU-HOF to contact the references named below with regard to my application to become an LOUU-HOF volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)