

Servants of Shelter

New Volunteer Form

Servants of Shelter is a non-profit, volunteer driven organization dedicated to serving the needs of Koochiching County residents who are experiencing homelessness or housing insecurity. Welcome to our organization! Please fill out the below contact information.



Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Cell phone: _____

Emergency Contact: _____

Phone: _____

Medical Concerns: _____

Days Available: _____

Preferred Shifts: 12-3pm. Monday: _____

12-3pm. Tuesday: _____

12-3 pm. Wednesday: _____

12-3 pm. Thursday: _____

How often are you available to volunteer?

4x a month _____

2x a month _____

1x a month _____

Other _____

What other volunteer/work experience have you had? _____

Have you at any time ever:

- **Been arrested for any reason? Yes/No**

If yes, please explain: _____

- **Been convicted of, or pleaded no contest to, any crime? Yes/No**

If yes, please explain: _____

- **Engaged in, or been accused of, any molestation, exploitation or abuse of any vulnerable individuals**

(children, elderly, developmentally disabled, mentally ill etc.)? Yes/ No

If yes, explain: _____

- **Any reasons why you should not work with children, youth, or others? Yes/No**

If yes, please explain: _____

In order to safely serve our clients, a background check will be done on all volunteers.

Do you need any special accommodations in order to perform your duties? Yes/No

If yes, please explain: _____

References: (other than relatives)

Name/Relationship _____

Address and Phone _____

Name/Relationship _____

Address and Phone _____

Name/Relationship _____

Address and Phone _____

Applicant Verification and Release

I recognize that the organization to which this application is being submitted, Servants of Shelter, is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information regarding my background or qualification. I further authorize the organization to conduct a criminal background investigation.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of clients at Servants of Shelter.

Signature: _____

Date: _____


