



Meadowlark

mending lives & restoring hope

VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Number and Best Time of Day to Call \_\_\_\_\_

E-mail Address \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Please Check:  Married  Living together  Divorced  Single  Widowed  Separated

Do you have any children? \_\_\_\_\_ If so, how many? \_\_\_\_\_

What education do you have? \_\_\_\_\_

Employer/School \_\_\_\_\_

Position/Major \_\_\_\_\_ Dates \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Why do you want to volunteer at Meadowlark Manor? \_\_\_\_\_

Please check the type of volunteer opportunity you are applying for.

Mentoring/One-on-One interaction with clients at the facility

Share a talent, skill, hobby, etc. or teaching a class with a group of girls at the facility

Completing routine tasks with the girls (i.e. transportation) or participation in outdoor activities away from the Facility

Other, please explain \_\_\_\_\_

What are your expectations of participating in this program? \_\_\_\_\_

Do you have a car available with insurance? \_\_\_\_\_ Driver's License Number & State \_\_\_\_\_

If not, do you have other transportation? \_\_\_\_\_ Please explain \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Driving violations over the past two years: \_\_\_\_\_



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Other Comments: \_\_\_\_\_

**Volunteer References:** Please list 4 references that may include co-workers, friends, supervisors, or those who have seen you interact with children.

1. Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Mailing Address/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

### Consent To Conduct The Complete Screening Process:

I understand that the making of any willful misrepresentations or falsifications on this application or throughout the entire screening process will be grounds for rejection or disqualification from the volunteer position and may lead to other civil liability.

I understand that all applicants are screened by pertinent law enforcement agencies.

I understand that my complete file will be submitted to the Meadowlark Manor staff team whose decision regarding my acceptance or non-acceptance into the program will be final.

I understand that at least three of the names I have listed will be contacted.

Photographs may be taken of Meadowlark Manor clients that may be used for public relations purposes (to be released by Meadowlark exclusively). Please check here if you:  do  do not want your name and/or picture to be used in Meadowlark public relations materials (including the Meadowlark Manor website: [www.meadowlarkmanor.org](http://www.meadowlarkmanor.org)).

I have read and understand the above statements and consent to have Meadowlark Manor, Inc. complete the full volunteer screening process for myself. I understand that my application may be denied based on the information gathered during the screening process or for other unrelated reasons.

Please print your full name: \_\_\_\_\_

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

***If you have any questions about this form or the application process, please call 382-7025.  
Please return this form to the address or fax listed below.***