

VOLUNTEER APPLICATION
Greenwood Pathway House

Full Legal Name: _____

Gender: Female _____ Male _____ Date of Birth: _____

Address _____

Email: _____

Cell Phone Number: _____ Other Phone Number: _____

Church You Regularly Attend: _____

Volunteer Interest:

_____ Food Service _____ Direct Service _____ Disciple Making

Do you have any personal experience or training in addiction, homelessness or trauma?

No _____ Yes _____

If yes, please explain: _____

What are your skills, training or experience that will help our clients? _____

GPH Volunteer Application

Have you personally and publicly accepted Jesus Christ as your Lord and Savior and are you committed to striving to display the character of Jesus through your life? No _____ Yes _____

Please indicate any allergies or other medical conditions you may have that may pose a health or safety risk while volunteering: _____

Availability (please choose one):

Once a Week Two or More Times per Week

Once a Month Two or More Times per Month

I can volunteer on: Weekdays Weekends

Certification & Authorization

The information contained in this application is true and correct. I understand that my volunteering is contingent upon satisfactory completion of the required background check.

My signature acknowledges that Greenwood Pathway House will conduct a SLED criminal background check and a Sex Offender Registry search. I authorize and consent for full release of my criminal records and any record of my name being listed on the Sex Offender Registry to the authorized representatives of Greenwood Pathway House, Inc.

After reading this document, I fully understand its contents and authorize the background verification. I have read the above statement, and I am signing this release as my own free act.

Signature: _____ Date: _____

Please provide copies of any credentials, certifications or certificates that are relevant to your volunteer service.