

Volunteer Application
Greenwood Pathway House

Name: _____

Address: _____

Phone Number: _____

Church You Regularly Attend: _____

Volunteer Interest: Office Client Transportation Child Care Helper

I can volunteer on: Weekdays Weekends

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

No Yes

If yes, please explain:

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:

Volunteer Authorization for Background Check

Full Legal Name:	
Address:	
Email:	
Date of Birth:	Social Security Number:
Driver's License Number:	Driver's License State:

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 my consent for Greenwood Pathway House to conduct a criminal background check. I authorize GPH to obtain information about me. The background report may contain information on, but is not limited to, Social Security number verification; criminal, public, and where applicable, driving records checks.

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: _____