



Renewal House
Volunteer Application Form
 Main Office: 615-255-5222
 Fax: 615-255-4090

Personal Data

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

E-mail Address _____ Date of Birth(no year needed) _____

Place of employment and occupation _____

Emergency Contact _____ Phone _____

How did you hear about Renewal House? _____

Why are you interested in volunteering with Renewal House? _____

Previous Volunteer Experience _____

Education _____

Hobbies, Interests, Skills _____

Skills & Interests

In what type of volunteer work are you interested? (check all that apply)

- Working one-on-one with a resident
- Working one-on-one with a child
- Working in group with residents
- Working in group with children
- Transportation
- Computer work
- Fundraising, Event committee member
- Twelve Step support
- Physical work (clean, repair, etc.) Other: _____

Is there any type of person with whom you refuse to work or any type of work you refuse to do?

Availability *list all available times*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

How many hours would you like to volunteer per week? _____ Per month? _____

Are there any times when you are not available? _____



Do you have unlimited access to a vehicle? Yes No Occasionally

Have you ever been convicted of a felony? Yes No
If **yes**, please explain: _____

Do you currently have any charges pending? Yes No
If **yes**, please explain: _____

Have you ever been accused of child abuse or child sexual abuse? Yes No
If **yes**, please explain: _____

References

Please provide the names of three (3) people you have known for at least one (1) year:

1. Name _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Phone _____ Relation to you _____
Email Address _____

2. Name _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Phone _____ Relation to you _____
Email Address _____

3. Name _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Phone _____ Relation to you _____
Email Address _____

I hereby declare that all the information I have given on this application is accurate. I understand that Renewal House will be contacting the personal references above. I also understand that Renewal House only provides liability insurance for volunteers. Renewal House does not provide worker's comp for volunteers. Volunteers must secure insurance for any medical/accidental claims.

Applicant Signature

Date

Thank you for your desire to help families affected by addiction to restore, renew, and recover, **together!**