



VOLUNTEER APPLICATION

Name: _____ (Last) (First) (Middle)

Phone: _____ Cell Phone: _____ Is Texting Okay? Y/N

Address: _____ (Street) (City) (State) (Zip Code)

E-Mail Address: _____

Please provide previous address information, if you have not lived at your current address for the past 7 years.

(you may use the back if needed)

List all other names by which you have ever been known, including maiden name:

Date of Birth: _____ (month/day/year) Driver's License # _____

Emergency Contact: _____ (Name) (Ph. #)

Name of Church you attend: _____ Are you a member? Y / N

Length of membership/attendance: _____ months/years

Volunteer Application Checklist:

(Give Seeds of Hope reference forms to those who will be filling out the forms and they will send completed forms to Seeds of Hope)

-Have 3 Personal or Professional References submitted on your behalf

-Complete 'Request for Central Registry Clearance' form and submit with a copy of your ID to Ionia DHS

(Check the box that will have the results sent to the address on your picture identification and send form with copy of ID. to:

Ionia Co. DHS, 920 E. Lincoln Ave., Ionia, MI 48846. After you receive the results back, submit results to Seeds of Hope)

Education: Circle the last level completed. ____ Grade High School 2Yr. Degree 4 yr Degree

Masters PhD Other _____

Name of School: _____ City: _____ State: _____

Degree(s) Earned: _____



Work Experience and/or Volunteer History. List most current first:

Name of Employer or Agency: _____ Start Date: (year) _____

Job Title: _____ Ending Date: (year) _____

Description of work: _____

Name of Employer or Agency: _____ Start Date: (year) _____

Job Title: _____ Ending Date: (year) _____

Description of work: _____

List any certifications and/or training pertaining to the position you are applying for:

_____ Expiration Date _____ (Please attach a copy with this application)

Why do you want to work with Seeds of Hope? _____

Tell us about your relationship with Jesus Christ? (feel free to use the back if needed)

I have read and agree with the Statement of Faith and Mission Statement of Seeds of Hope. Yes No

I acknowledge that the above statements are true to the best of my knowledge and give Seeds of Hope / Branch Adventures permission to do a background check according to the State of Michigan rules and regulations.

Name _____ Date _____
Applicant

Name _____ Date _____
Parent/Guardian (if under 18)

My Prayer Partner is: _____ e-mail address: _____
(Name)