

# SPIRITUAL DETOX CENTER

## VOLUNTEER APPLICATION

Please print

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Telephone # \_\_\_\_\_ Alt. Telephone# \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male Female Physical Limitations: No Yes (Please Explain) \_\_\_\_\_

### Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Degrees/Current Certifications: \_\_\_\_\_

Most recent/current employer \_\_\_\_\_

(Please attach resume)

List previous volunteer experience \_\_\_\_\_

### Skills (List your proficient skills, talents, hobbies and gifts)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_

### Languages Spoken (Circle proficiency and skill level)

1 \_\_\_\_\_ Fluent Survival Read Write

2 \_\_\_\_\_ Fluent Survival Read Write

### Employment History *Please provide your current or most recent work history.*

Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Title/Position \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible for Rehire YES NO

Reason for Leaving (if applicable)

\_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Volunteer availability: (Circle all applicable)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday No Preference

Hrs Available: \_\_\_\_\_

Transportation: (How you will get to your assignment) Public Trans. Walk Bus/Van Taxi Personal Car

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**In an emergency, notify:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

*As a volunteer of the Spiritual Detox Center and all affiliated ministries and agencies, you hereby agree to serve all SDC clients, volunteers, staff, guest and/or partners with respect. I will serve all those listed previously without regard to of race, sex, creed, sexual orientation, gender, age or national origin. I will follow all instructions given and be committed to executing the SDC mission and operational goals at all times.*

**Printed Name of Volunteer:** \_\_\_\_\_

(Signature/Volunteer) \_\_\_\_\_ (Date) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Date of application:** \_\_\_\_\_ **Date of Interview:** \_\_\_\_\_

**Interviewers:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Hired?**

**YES**

**Date of Hire:** \_\_\_\_\_ **Department/Positions Placed:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Orientation Completed:** \_\_\_\_\_

**Must provide following and copy placed in personnel records)**

**Photo Identification: List Type:** \_\_\_\_\_

**Second Form of Identification: List Type:** \_\_\_\_\_

**Copy of Driving Record (all drivers):** \_\_\_\_\_

**Copy of All Licenses, Degrees, Certifications (only if operating in that capacity):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current TB Test/Vaccinations: YES NO**

**Drug Tested Results: Negative Positive Date:** \_\_\_\_\_

**Background Check: Date Submitted:** \_\_\_\_\_ **Accepted For Service: YES NO**

**Additional Information:** \_\_\_\_\_

**Medical Insurance: YES NO Carrier:** \_\_\_\_\_

**NO**

**Reason** \_\_\_\_\_

**Notification Call By Whom/Date:** \_\_\_\_\_

**Letter Notification Sent:** \_\_\_\_\_