

# St. Andrew's Family Shelter Volunteer Application

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell or other # \_\_\_\_\_

E-mail address: \_\_\_\_\_

If necessary, the best time to contact you is: \_\_\_\_\_

Have you ever volunteered at Good Shepherd before? \_\_\_\_\_

If yes, list programs and years: \_\_\_\_\_  
\_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a misdemeanor or felony?

( ) Yes ( ) No

Answering "Yes" to this question does not constitute an automatic bar to volunteering. Factors such as the offense, seriousness and nature of the violation, rehabilitation and area of volunteering will be taken into account.

If yes, please provide dates and details: \_\_\_\_\_  
\_\_\_\_\_

## Interests/Experience

Please list a few of your volunteer interests, hobbies, and gifts/talents you would like to share at St. Andrew's Family Shelter:

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Please list your current employment and/or past employment experience:

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What attracted you to volunteer at St. Andrew's Family Shelter?

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Please provide the name of one **reference** (non-family member):

Name: \_\_\_\_\_

(First/Last Name)

(Contact phone and/or email)

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(Relationship to Reference)

## Confidentiality and Safety Agreement

I understand it is my responsibility to keep confidential all information that I may gain or become privy to as a St. Andrew's Family Shelter volunteer. This includes, but is not limited to, any information regarding guests, administrative operations, and any other information accessed through organization records, meetings, or computer information system.

By reviewing and signing this agreement, I agree to abide by the following:

1. I will respect all individuals' rights to privacy and their confidentiality. I will not discuss or in any other way disclose any information concerning any individual I come into contact with at St. Andrew's Family Shelter, guest or otherwise.
2. I will respect the confidentiality of information regarding administrative operations. I will not discuss or in any other way disclose information concerning St. Andrew's operations or administration outside the organization.
3. I agree that I will follow all safety and general guidelines that will be provided to me at orientation/training of my volunteer role at St. Andrew's Family Shelter.

Any violation of this confidentiality and safety agreement will result in disciplinary action up to and including termination.

I have read this agreement; understand its contents, and agree to comply with all of its terms. This signed agreement will become part of my personnel file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Good Shepherd Lutheran Church

## Background Check Authorization & Release Form

I hereby authorize Good Shepherd Lutheran Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics, or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Good Shepherd Lutheran Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that from time to time, Good Shepherd Lutheran Church may receive a request from other agencies for whom I may be representing Good Shepherd Lutheran Church, to provide information obtained during the background check. I hereby authorize Good Shepherd Lutheran Church to release and/or disclose information obtained in the background investigation to such agencies, said information to include but not limited to, consumer investigation reports, criminal history, employment and education history.

Ministry I am Volunteering in: \_\_\_\_\_

Print Name: \_\_\_\_\_

First Middle Last Maiden

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year

Current Address \_\_\_\_\_

Street City State Zip

Previous Address \_\_\_\_\_

Street City State Zip

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_