



Volunteer Application

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail: _____

Emergency Contact

Name _____ Relationship _____

Phone _____

Let us know why you are interested in volunteer opportunities at The Cornerstone Resource Center.

Please describe any paid or volunteer/ internship work experience you have had that might relate to your interest in volunteering at The Cornerstone Resource Center.

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Yes No If yes, describe each in full: _____



Availability

- Weekday mornings Weekend mornings When needed
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

- Events Volunteer Leadership
- Parent Support Children's Activities
- Mentoring Teaching Classes
- Deliver food/necessities Perform Maintenance
- Sort Donations Other (please specify): _____

References *(Please provide the names and contact info of three references)*

- Name: _____ Phone: _____ Email: _____
- Name: _____ Phone: _____ Email: _____
- Name: _____ Phone: _____ Email: _____

I understand that all volunteers of The Cornerstone Resource Center must complete a satisfactory TRAILS background check, CBI fingerprint background check, and Central Registry check prior to working directly with families and individuals. By applying as a volunteer, I consent to these checks.

This application is accurate to the best of my knowledge.

Volunteer Signature: _____ Date: _____