



## GENERAL VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street # Street Name Apt. #

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell / Alt. Phone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Social security #: \_\_\_\_\_ Driver's License# and State: \_\_\_\_\_

Ethnic Background:  African American/Black  Asian/Pacific Islander  Hispanic/Latino  
 Native American  Multi-racial  White  Other: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Which volunteer opportunity/program are you applying for? \_\_\_\_\_

What age group do you prefer to work with? (If applicable)  6-8  9-11  12-14  15-18

Do you have any experience working or volunteering with children/youth?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list any skills or qualities you think could be useful to the program and the children we serve:

\_\_\_\_\_

Do you have any experience working or volunteering in the area of HIV/AIDS?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_



Days/Hours Available To Volunteer: (Please note, regular office hours are Monday through Friday, 10:00 AM to 6:00 PM. However, weekend hours may be available during special events.)

- Monday From \_\_\_ To \_\_\_ Tuesday From \_\_\_ To \_\_\_
Wednesday From \_\_\_ To \_\_\_ Thursday From \_\_\_ To \_\_\_
Friday From \_\_\_ To \_\_\_ Saturday From \_\_\_ To \_\_\_

Please carefully read and sign below.

I understand that submitting this information does not guarantee my acceptance as a volunteer, and that assignment of volunteer work is based on the assessment made by H.E.R.O. for Children, Inc. staff.

I understand that the data collected on this form is used to determine an appropriate volunteer placement and information not classified as public data (social security number and driver's license number) is strictly confidential and will be used only to process the volunteer's background screening.

I understand that any omissions and misstatements made by me on this application form may be cause for my application to be declined or volunteer placement terminated.

I understand that H.E.R.O. for Children, Inc., at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

I declare that all statements I have made on this application are true, correct and complete to the best of my knowledge.

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

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_
HERO Supervisor/Staff

Thank you for completing this application. Be advised that most volunteer positions require a background check. Please attach a copy of your driver's license/state issued identification to the application.

This application can be sent to H.E.R.O. for Children via e-mail, fax or by mail.

Mailing Address: 580 W. Crossville Rd, Suite 204, Roswell, GA 30075
Email: volunteer@heroforchildren.org
Phone# 470-321-3102 Fax # 470-321-3106



## BACKGROUND SCREENING AUTHORIZATION RELEASE

In connection with my application for volunteering (where I will either be: 1- in direct contact with H.E.R.O. children, or 2- providing administrative services in the H.E.R.O. offices, where I may have access to confidential information regarding H.E.R.O. clientele), I understand that background inquiries may be requested by you or on your behalf that will seek information as to my character, including oral assessments of my experiences and abilities. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, and civil matters.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my volunteer employment. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation.

Print name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

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

List Previous Addresses for the Past 5 Years:

Address

City, State and ZIP

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