



P. O. Box 150338  
Tulsa, OK 74115  
(918 619-6403 or 918 815-3016)  
FAX 918 619-6499 or 918 551-6029

# VOLUNTEER APPLICATION PACKET

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

## **PERSONAL INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **CREDENTIALS:**

Christian Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Training: \_\_\_\_\_

\_\_\_\_\_

**CHURCH INVOLVEMENT:**

List (Name, Address & Pastor) of all the churches you have attended regularly during the past 5 years, and your involvement in that church.

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May we phone your pastor      \_\_\_\_\_yes      \_\_\_\_\_no

Church Name \_\_\_\_\_ Pastor name \_\_\_\_\_

**EMERGENCY CONTACT:**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**REFERENCES:** (Do not include relatives)

A.    **Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_  
      Address: \_\_\_\_\_

B.    **Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_  
      Address: \_\_\_\_\_

C.    **Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_  
      Address: \_\_\_\_\_

Have you done volunteer work before:      Yes      NO

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If yes, where & what did you do: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer at Sharehouse: \_\_\_\_\_  
\_\_\_\_\_

What kind of volunteer work would you like to do? (Please check all that apply)

Distribution of Furniture

Organize Furniture

Pick up of donations

Furniture Drives

Building Maintenance Projects

Prayer Partners

**BACKGROUND SEARCH AUTHORIZATION:**

As a volunteer applicant I understand **The Sharehouse** will require a criminal background check. I grant my permission to representatives of **The Sharehouse** to make any/all appropriate inquiries regarding my back ground. I also give **The Sharehouse** and its representatives relief from any/all liability/liabilities which may result from such action.

**Please Print:**

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

Maiden or Previous Name: \_\_\_\_\_

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

Drivers Liscense Number: \_\_\_\_\_

Have you ever been arrested for a crime and/or incarcerated? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

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I am interested in serving as a volunteer for **The Sharehouse** and am willing to receive training that will help me serve with understanding and efficiency. I understand that **The Sharehouse** is not liable for any/all injuries I might incur as a result of my work as a volunteer for them and I will hold **The Sharehouse** blameless should I incur any injury resulting from my work as a volunteer for **The Sharehouse**.

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