

Volunteer Application

PLEASE READ BEFORE COMPLETING: The Cooperative Ministry will conduct a Criminal History Check with the South Carolina State Law Enforcement Division for each volunteer as part of the application process. You will need to authorize this background check on Page 2 of this application.

PERSONAL INFORMATION

Full Name:

Street Address:

City, State & ZIP:

Primary & Alternate Telephone:

Email Address:

Reason for Volunteering? Personal Interest, Community Service (Graduation Requirement), Internship, Court-Ordered Service

Age: (If Under 18, Parental Consent Required—Page 2)

Church, School, or Organization Affiliation / Referral:

VOLUNTEERISM QUESTIONNAIRE

Please Circle Volunteer Areas That Interest You

Clothing Bank Data Entry Front-End Reception Tax Preparation

Available Hours Per Week:

Do You Prefer Mornings or Afternoons?

EMERGENCY CONTACT

Name:

Relationship to Applicant:

Telephone Number(s):

PLEASE COMPLETE REVERSE SIDE

The Cooperative Ministry considers applicants for volunteer positions without regard to gender, race, age, religion, national origin, veteran, marital status, or any other legally protected status.

AUTHORIZATIONS

1. I certify that the facts set for in this application are true and complete to the best of my knowledge.
2. I understand that any false statement, omission or representation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.

3. Adult Volunteer Background Check

I understand the volunteer position I am applying for requires a Criminal History check (**adults only**). I authorize The Cooperative Ministry to provide my date of birth and Social Security number to the SC State Law Enforcement Division (SLED) for the purpose of this required check.

DATE OF BIRTH: _____ / _____ / _____

SSN: _____

Signature of Applicant: _____

4. Parental Authorization for Minor Applicant to Serve

Signature: _____

Print Name: _____