

THE CENTER FOR VIOLENCE PREVENTION

P.O. Box 6279, Pearl, MS 39288-6279

VOLUNTEER APPLICATION

Name _____ First Middle Last	SSN _____	Date _____ DOB _____
Address _____	Home Phone _____	
City _____ State _____ Zip _____	Cell Phone _____	
E-mail Address (optional) _____		
Employer or School _____	Work Phone _____	
Address _____	City _____ State _____ Zip _____	
Spouse _____ First Middle Last	SSN _____	DOB _____
Employer _____	Work Phone _____	
Address _____	City _____ State _____ Zip _____	
Nearest relative not living with you _____	Phone _____	
In case of emergency _____	Phone _____	
Who referred you or how did you hear about us? _____		

Have you ever served as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? _____ When? _____
What duties did you perform? _____
Do you represent a club, organization, or church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the club, organization, or church _____

Please check the areas in which you would like to help:			
<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Warehouse Assistance	<input type="checkbox"/> Clerical Functions	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Mentor/Advocacy	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Web site
<input type="checkbox"/> Evening Child Care			
I am available (Check all that apply.)			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
<input type="checkbox"/> AM Hours _____	<input type="checkbox"/> PM Hours _____	<input type="checkbox"/> Anytime	
Do you have any limitations concerning scheduling or other accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain. _____			

It is understood that I am offering my services to The Center for Violence Prevention without compensation. I hereby give my permission for the Rankin County Sheriff's Department to perform a background check so that I may be eligible to become a volunteer.

Applicant's Signature _____

Date _____

