

Soar Volunteer Application

Thank you for your interest in volunteering with Quigley House. Please complete this application and return it to Ellissa Jordan, Community Relations Coordinator. Backgrounds screenings will be required to volunteer for all services, the level of screening will depend upon volunteer duties.

Contents of volunteer application:

- PERSONAL INFORMATIONVOLUNTEER INFORMATION
- VOLUNTEER RELEASE OF LIABILITY
- CONFIDENTIALITY AGREEMENT

REFERENCES

BACKGROUND SCREENING FORMS

Please fill out the application in its entirety, including the signed and dated Volunteer release of liability and confidentiality agreement, and the background screening request forms. Contact Ellissa Jordan for any questions or concerns. **Email application** to: <u>volunteer@quigleyhouse.org</u>

PERSONAL INFORMATION

Today's Date:							
First Name:		Last Name:					
Nickname (Preferred Name):		ouns:	Gender:				
Mailing Address:							
City:	State:		Zip Code:				
Email:		Phone	Phone:				
Okay to Text? Y N Best tin	ne to tex	kt: Morning Afternoon Evening					
Birthdate: / / Month Day Year	Driv	river's License #:					
Currently a student? Y N	Sch	School Name:					
Are you looking for internship credit?	Y	N S	Semester:				
Highest level of education:		Major/Degree:					
Employer:		Occupation:					
Bilingual? Y N Language	s:						
Race: Hispanic/L	atino:	Y N	T-shirt size:				



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VOLUNTEER INFORMATION

Special Ski	pecial Skills:		Interests/Hobbies:					
Top Interested Positions: List top three areas you are interested in volunteering in:								
1.								
2.								
3.								
Availability (days and times):								
Sunday	Monday	Tuesday	Wednesday		Thursday	Friday	Saturday	
Reason for volunteering?								
Emergency Contact Name: Emergency Contact Phone:								
Emergency Contact Relationship:								
How did you hear about us? Website Community Event Other:								
Have you every been convicted of a crime? Y N								
If yes, please explain:								
Additional	information	(medical co	nditic	ons, allerç	gies, limitatio	ns, etc.)		
Would you like to recieve our monthly volunteer newsletter ? Y N								
Please attac	h a copy of y	our resume as	well	to your co	ompleted pag	cket (If appli	cable).	

You must fill out and sign the following volunteer release of liability, confidentiality agreement, and background screening forms for your application to be complete.

If you are seeking internship credit, please also send the reference sheet with your application.



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Please complete this reference sheet if you are interested in volunteering for Direct Client Services and Internship Opportunities.

1. Name:
Phone:
Relationship:
Email:
2. Name:
Phone:
Relationship:
Email:
3. Name:
Phone:
Relationship:
Email:

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Ellissa Jordan 904-284-0340 ext. 319 ejordan@quigleyhouse.org

Please email or call if you have questions and to submit your application!