



Teen Hope Center

Reaching Our Teens Today And Building Hope For Tomorrow

127 S St. Augustine St.
P.O. Box 830, Pulaski, WI 54162
Tel: (920) 621-0915 or (920) 621-0718

Volunteer Application

Date _____

Last Name _____ First Name _____ DOB ____ (Mo.) ____ (Day) ____ (Yr)

Address _____

City: _____ State: _____ Zip Code: _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail: _____ (Most of our contact is done through email)

I prefer to be contacted by: ____ e-mail ____ cell phone ____ home phone ____ text

How did you learn about the Teen Hope Center? _____

Days & Hours Available to Volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Frequency for volunteering: Weekly / Bi-weekly / Monthly Duration of Commitment _____

References *(Please list 3 people who are NOT members of your family)*

Name	Phone	E-mail	Relationship to Volunteer

1. Have you had other volunteer experiences? What did you do? What did you like / dislike?

2. Why do you want to volunteer at the Teen Hope Center? _____



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Volunteer Application Continued

3. What skills, experiences, qualities, hobbies, etc. do you have that will you will bring into this program?

4. There are a variety of difficult issues that today's youth are faced with. Are there any topics that you think might make you feel uncomfortable?

5. What type of person/personality pushes your buttons? How do you handle it?

6. Are you willing to make a minimum commitment to volunteer once a week for at least six months? If not, what commitment can you make?

Applicant's Statement

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or organizations; whether or not listed in this application to give you any information (including opinions) that they may have in regards to my character and fitness for volunteer service. In consideration of the receipt and evaluation of this application by the Teen Hope Center, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I have read and understand the fore mentioned provisions, and agree to them.

Applicant's Signature: _____

Date: _____ Print Name _____

Background Investigation Consent

In connection with my application for volunteer service with the Teen Hope Center, I authorize the Teen Hope Center and, or, their agent, to solicit background information relative to my background references, character, past employment, education, credit history, criminal history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my Application and/or obtaining other information which may be material to my qualifications for service, and, if applicable, during the tenure of my service with the Teen Hope Center. I understand that the Teen Hope Center may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by the Teen Hope Center, or their agent, for purposes of obtaining background report information, to furnish the above mentioned information.

I release the Teen Hope Center, their respective employees, their agents and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

The following is my true and complete legal name and all information is true and correct to the best of my Knowledge

Please Print

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ City of Birth _____ County _____ State _____

AKA or Maiden Name _____ Social Security Number _____

(Please note: if your address is a rural route or post office box, we must have the city and county that your mail is delivered to.)

Current Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip _____

Previous Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip _____

Signature _____ Date _____

Thank you for your interest in the Teen Hope Center. A Staff member will contact you soon.

Submit to: Teen Hope Center, P.O. Box 830, Pulaski, WI 54162