



Volunteer Application

Personal Information

Name Date of Birth

Social Security Number Home Phone No. Cell Phone No.

Home Address

City, State Zip

Employed By (If Employed) Work Phone No.

Mailing Address

Email Address

May you be called at work? Yes No

Brief description of work: _____

Do you speak a foreign language? Yes No If yes, which language _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____ Where _____

Do you consent to a routine check of your criminal records? Yes No

Community Activities

Current community activities:

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

Are you willing to commit to one year of volunteer service? Yes No

What are your reasons for wanting to participate as an RS volunteer?

How did you learn of our program: _____

Education

Highest year of school complete (please circle):

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree(s): _____



Work/Volunteer History

Please list your work/volunteer history below starting with the most recent.

1. Name of employer or volunteer project: _____

Address: _____

Dates: _____ Supervisor's name: _____

Brief description of work: _____

2. Name of employer or volunteer project: _____

Address: _____

Dates: _____ Supervisor's name: _____

Brief description of work: _____

3. Name of employer or volunteer project: _____

Address: _____

Dates: _____ Supervisor's name: _____

Brief description of work: _____

4. Name of employer or volunteer project: _____

Address: _____

Dates: _____ Supervisor's name: _____

Brief description of work: _____



References

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Address	Zip Code	Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

How long have you lived in the area? _____

Reconciliation Services reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

 Applicant Signature

 Date



PART TWO

Please answer the following questions in **paragraph form** on a separate piece of paper.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain what led to your decision to apply for a position in the RS program? (What attracted you to this particular program?)

PLEASE RETURN YOUR COMPLETED APPLICATION AND RELEASE OF INFORMATION TO:

Reconciliation Services
3101 Troost Avenue
Kansas City, MO 64109

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of Reconciliation Services to conduct an investigation on my background in conjunction with their official duties.

I authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to Reconciliation Services.

I further authorize the Department of Family Services or any other agency to release any information regarding charges filed against me, investigations into my background that have been conducted or are in the process or being conducted, or any other information requested by a representative of Reconciliation Services.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Reconciliation Services.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print) _____

MAIDEN NAME _____

OTHERS NAMES USED BY YOU _____

SOCIAL SECURITY NO. _____ MISSOURI DRIVER LICENSE NO. _____

SEX: Male Female DATE OF BIRTH _____

SIGNATURE _____

DATED this _____ day of _____, 20_____.

SUBSCRIBED AND SWORN to before me, a Notary Public for the State of Missouri.

Notary Public for the State of Missouri

My Commission Expires: _____