

# COMMUNITY LIFE SKILLS OUTREACH CENTER

*"Redeeming Broken Lives"*

## VOLUNTEER APPLICATION

### General Information

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
                    *Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please list any other names you have previously used: \_\_\_\_\_

Please provide information regarding your church and spiritual history:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

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*Please list three (3) character references (not family related)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_



## Why do you want to volunteer with Community Life Skills:

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Please explain any "yes" answers. Note that a yes answer does not automatically disqualify you from volunteering at the Life Skills Outreach Center.

Have you been convicted of or plead guilty or no contest to a crime other than a minor traffic violation?

No  Yes Explain \_\_\_\_\_

Have you ever been arrested and/or investigated by any enforcement agency for abuse?

No  Yes Explain \_\_\_\_\_

Are you presently under charges of any criminal offense?

No  Yes Explain \_\_\_\_\_

Have you ever experienced alcohol abuse or substance abuse of any kind?

No  Yes Explain \_\_\_\_\_

Contact Date: _____	Follow-up Date: _____	---This Area For Official Use Only---	
Source: (Tour/Referral/Etc) Comments: _____	Forward to (Dept/Person): _____	Start Date: _____	Termination Date: _____
		Background Submitted: _____	Background Status: _____

## Education

Highest Grade Completed (please check that which applies)

General Education  
8 9 10 11 12 GED

College  
1 2 3 4

Graduate  
1 2 3 4

	Name of School	Major/Degree/Certificate	No. of Years Attended
College	_____	_____	_____
Graduate	_____	_____	_____
Other	_____	_____	_____

## Experience *Please attach resume*

Company Name	Reason for Leaving
Telephone No. _____	_____
Position _____	_____
Name of Supervisor _____	_____
Dates of Employment _____	_____



**Technical Skills**

**Computer Knowledge**

- Basics  Intermediate  Advanced  MAC  PC

WPM \_\_\_\_\_

**Software Knowledge**

- Word  Excel  Adobe  Power Point  Access  Outlook

**Additional Training / Skills**

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**Area of Interest**

- Office / Clerical
- Bus/Van Driver
- Rescue Project
- Marketing/Advertising
- Banquet Hall
- Maintenance
- AMPDT
- Youth Outreach
- Short Term Missions
- Donations
- Teaching
- Foster Care

**Hours of Availability**

Fill in hours below each day. i.e. mornings-8am to noon, daytime-noon to 4pm, evening-4pm to 8pm, overnight-8pm to 8am.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date Available To Start: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_