

# COMMUNITY SERVICE APPLICATION



**\$10 non refundable application fee must be returned with the application in order for processing. Cash or money order only.**

CONTACT INFORMATION		
Name (Last, First, Middle)		
Street Address		
City, State Zip		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Emergency Contact		Phone
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how old?	Date of Birth:
Are you affiliated with a church?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Pastor's Name?	
If yes, what church?		

## AVAILABILITY

During which hours are you available to volunteer?

Weekday mornings     Weekday afternoons     Weekday evenings  
 Weekend mornings     Weekend afternoons     Weekend evenings

## INTERESTS

Tell us in which areas you are interested in volunteering:

- Samaritan Center
- Donation Center
- "Feed My Sheep" Dining Room
- Hidden Treasures Thrift Stores. List location. \_\_\_\_\_
- Maintenance
- Transportation / Trucks

## QUALIFICATIONS/SPECIAL SKILLS

State any qualifications (training, certificates licenses, degrees, experience) and/or special skills that you have which will help demonstrate your ability to assist in the interest areas that you checked above:

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## DISCLOSURES

**Have you ever been a resident of the City Mission?**  Yes  No

If yes, when (list dates)?

**Total hours needed? Deadline date for hours? What are the hours for?**

## AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I acknowledge that I am volunteering my services freely without any understanding or promise of reward or compensation for my services.

As part of my City Mission volunteer service, confidential information may be disclosed to me. I agree that whenever that is done, I will respect the confidentiality of that information.

I also acknowledge that upon accepting this agreement that I permit the City Mission to perform any necessary background and reference checks.

**Name (print)**

**Date**

**Signature**

*Please mail to:*

**City Mission**

Volunteer Department

84 West Wheeling Street

Washington, PA 15301

Ph. 724/705-7137    email [volunteer@citymission.org](mailto:volunteer@citymission.org)

# Background Check Authorization

**Print Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Former Name(s) and Dates Used:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street) (City) (Zip/State)

**Prior Address:** \_\_\_\_\_  
(Street) (City) (Zip/State)

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Drivers License Number/State:** \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **CITY MISSION** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **CITY MISSION** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**\*\* CITY MISSION and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth. This information will not be shared. |**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_