

**THE MACCANON BROWN HOMELESS SANCTUARY
VOLUNTEER APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE:
(daytime) _____ (evening) _____

E-MAIL: _____ FAX: _____

BIRTHDATE: _____

Do you have any limitations that will restrict your volunteering? _____ If so, please explain:

How were you referred to the MacCanon Brown Homeless Sanctuary? _____

Why are you interested in volunteering? _____

What skills or talents would you like to use? _____

Area of volunteer work which would interest you?

PAST EMPLOYMENT:

Company: _____ Address _____

Position: _____ Dates of Employment: _____

CURRENT OR PAST VOLUNTEER EXPERIENCES:

Agency: _____ Address: _____

Position: _____

Phone: _____ Dates: _____

Agency: _____ Address: _____

Position: _____

Phone: _____ Dates: _____

REFERENCES: (Do not list family or friends)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

(OVER)

The following question is optional: Gender: _____

The above information is correct and complete to the best of my knowledge, without consequential omissions of any kind. I authorize the organization and person named to release any information requested regarding my employment, character and qualifications. I understand that the MacCanon Brown Homeless Sanctuary, Inc. (MBHS) will do a background check with the State of Wisconsin. I acknowledge that by filling out this application, MBHS is not obligated to offer me a volunteer position.

Signature _____ Date _____

FOR OFFICE USE:

Date Started _____ Position _____

Schedule _____

____ Reference Check

____ Background Check

____ Orientation Packet

____ Pledge and Confidentiality

____ Volunteer List and File Creation