



## VOLUNTEER APPLICATION

### GENERAL INFORMATION

*Submit additional information by email or on separate sheet if more space is needed.*

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Alias/Maiden Name: \_\_\_\_\_  
*First Middle Last*

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*include City, State & ZIP*

Lived at the address above from: \_\_\_\_\_ to: \_\_\_\_\_

*Previous Address(es) for the last 10 years:*

Address: \_\_\_\_\_  
*include City, State & ZIP*

Lived at the address above from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_  
*include City, State & ZIP*

Lived at the address above from: \_\_\_\_\_ to: \_\_\_\_\_

### CRIMINAL/CIVIL HISTORY

Have you ever been convicted of a crime and/or have civil findings ever been made against you? \_\_\_\_\_

If yes, please provide an explanation including date(s) and court(s) involved:

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## PREVIOUS EMPLOYMENT

Please list the most recent 10 years of work history.

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## EDUCATION

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Diploma/GED: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Diploma: \_\_\_\_\_

## MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

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## OTHER EXPERIENCE OR TRAINING

List any relevant training or experience you may have (include the name of the organization, length of membership, and your involvement).

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## REFERENCES

**List at least 4 references (2 personal and 2 professional) that we may contact.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## ADDITIONAL INFORMATION

Please submit a brief essay below explaining why you are pursuing this volunteer opportunity.

[illegible]

## ACKNOWLEDGEMENTS

*Please carefully read and initial next to each statement before signing below.*

\_\_\_\_\_ I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation or omission and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation, omission, or falsification, my application may be rejected, my name may be removed from consideration or I may be released from my volunteer opportunity.

\_\_\_\_\_ I understand that I will be required to successfully pass a thorough background investigation which may include, but is not limited to, interviews, employer reference checks, criminal records checks, and drug screenings. I hereby consent to allow TPCC to conduct background checks and/or drug screenings at any time during my membership. A copy of the results of the background check will be made available to me upon my request. I understand that I am required to report any incidents that would impact a drug test or background check to TPCC immediately. I further understand that failing to comply with any/all of these conditions will be cause for termination of my membership with TPCC and the CTRT.

\_\_\_\_\_ I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide TPCC representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release and hold harmless any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

\_\_\_\_\_ I understand that I will be required to possess and maintain reliable transportation as well as a valid driver's license and proof of insurance in order to uphold my commitment to respond to incidents in 20 minutes (average).

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***For office use only - to be completed by a member of Tacoma-Pierce County Chaplaincy***

The above named applicant was approved for service by TPCC on (Date): \_\_\_\_\_