Placer Family Housing

Acres of Hope
PO Box 238
Auburn, CA 95604
PH (530) 878-8030
office@acresofhopeonline.org

ReNew Stores
1725 Santa Clara Dr. #135
Roseville, CA 95661
PH (916) 782-1877
ReNew@acresofhopeonline.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name ____
First Middle Last

Address ____
Street City State Zip

Phone ( ) ____________ ( ) ____________ ( ) ____________
Home Cell Work

Email ____

Are you 18 years of age or older? Y / N

Emergency Contact Information:

Name ______________________________ ______________
First Last Relationship

Phone ( ) ____________ ( ) ____________ ( ) ____________
Home Cell Work

PERSONAL BACKGROUND

Have you ever been convicted of or pled guilty/no contest to a crime other than a minor traffic violation? Y / N
Are you now under charges for any criminal offense? Y / N If yes, please explain:

____

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Have you ever been restricted from working with children in any church or organization? Y / N If yes, please provide any details that you feel we should consider.

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Describe any training or experience you've had that relates to the type of volunteering in which you are interested.

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VOLUNTEERING AT ACRES OF HOPE

How did you hear about Acres of Hope?

____

How many hours a week would you like to volunteer? _________ Please indicate your availability:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Why do you want to volunteer for Acres of Hope?

____

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Will you:

Strive to lead a Godly life that reflects God's Word as an example to our residents? Y / N

Commit to improving the economic, spiritual, emotional and physical well being of our residents? Y / N

I certify that the information given herein is true and complete to the best of my knowledge. I am willing to serve as a volunteer with Acres of Hope and am in agreement with its mission, statement of faith and core values.

I understand that safety requirements may require that I be fingerprinted for a background check prior to becoming a volunteer; I further understand that refusal of a fingerprint check may result in my application to be rejected.

All Volunteers who have regular contact with children and infants are required to obtain a TB test.

Signature: ____ Date: ______________________

RELEASE FROM LIABILITY

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of Placer Family Housing staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies required for the tasks I will perform.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that Placer Family Housing does not provide health insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Placer Family Housing staff at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Parent or guardian must sign if volunteer is under age 18.

Signature: ____ Date: ______________________