

Volunteer Application and Disclosure Form

Family Promise of Lawton Inc
910 SW E Avenue * P O Box 142
Lawton OK 73502
580-699-2821

Contact Information

Training Date _____

Legal Name _____

Congregation: _____

Address _____

Date of Birth _____

Place of Employment _____

Phone #s _____

E-Mail Address _____

Legal History

Have you ever been found guilty, or plead guilty or no contest, to a criminal charge?

___ Yes ___ No

Have you been a party to a civil lawsuit alleging actual or attempted sexual discrimination, harassment, or misconduct, physical abuse, child abuse; or financial misconduct resulting in a judgment being entered against you, settled out of court, or been dismissed because the statute of limitations has expired?

___ Yes ___ No

Have you ever voluntarily terminated your employment or volunteer service or had same terminated for reasons related to allegations or actual or attempted sexual discrimination, harassment, or misconduct, physical abuse, child abuse; or financial misconduct?

___ Yes ___ No

Are there any facts or circumstances involving you or your background that you would like to alert us to? ___ Yes ___ No

If you answered Yes to any of the above please provide a brief explanation:

References:

Please list two personal references (non-relatives)

Name _____

Address: _____

Phone #: _____

Relationship: _____

Name _____ Address: _____

Phone #: _____ Relationship: _____

Community Connections:

Many employers, Civic and Fraternal organizations, Credit Unions, and Insurance Companies choose to support Non-Profits that their members are involved in as volunteers. Please share with us any organizations you may be a member of (Rotary, Lions, K.of C. Thrivent, Sororities/Fraternities, etc.)

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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 understand that a criminal background check will be performed as a result of the information contained on this form and that I am entitled to a copy of the report if it results in my not being accepted as a volunteer.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

..... Data entered by:

Volunteer Background Check Release Form

I, _____ SSN: _____ - _____ - _____

Driver License # _____ Date of Birth: _____

Address _____ City/ST/Zip _____

hereby authorize FPOL (Family Promise of Lawton, Inc.) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police record and driving record or motor vehicle report.

Name of Guest (printed)

Director (printed)

Guest Signature

Director Signature

Date

Date



Volunteer Agreement

Family Promise (FP) Agrees To:

1. Provide a copy of the Volunteer Guidelines.
2. Provide volunteer support to assist with resources, and problem solving.
3. Offer quality volunteer training.
4. Inform volunteers about FP events, policies, and procedures.
5. Recognize volunteers for outstanding work.

Volunteer Agrees To:

1. Complete the volunteer application process.
2. Fulfill volunteer duties as agreed upon.
3. Participate in training.
4. Be willing to meet with staff and/or core volunteers (such as Volunteer Coordinators) as needed.
5. Follow policies and procedures set forth in the Volunteer Guide Book, and by staff.

I specifically acknowledge and agree to honor the following policies:

- ✓ All donations to guests (monetary and/or goods) must be coordinated through the Executive Director and must be anonymous. Guests are not permitted to request or accept donations of any kind without prior approval of the Director, and could be removed from the program if they violate this rule.
- ✓ As a matter of safety and privacy, volunteers are not to share private or personal information such as home address, telephone numbers or email addresses with guests. Guests are not permitted to visit volunteers in their homes.
- ✓ For the safety of both volunteers and guests, volunteers are not to accept responsibility for children in the program. They must remain under the supervision of their parents at all times.
- ✓ By submitting this application, I affirm that the facts set forth 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.

Volunteer Signature _____

Date _____

Thank you for completing this application form and for your interest in volunteering with us. It is the policy of Family Promise to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.