



701 S. Picher | Joplin, MO 64801 | (417)782-4453 | FAX (417)782-1690 | childrenshaven@att.net

Children's Haven Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work () _____ May we call you at work? ___Yes ___No

Home () _____ Cell() _____

E-mail Address: _____

Emergency Contact Name: _____

Phone () _____

Applicant's Gender ___Female ___Male

Are you 21 years of age? ___Yes ___No

If No, please give date of birth _____

Are you presently enrolled in school? ___Yes ___No

Name of School: _____

Course of Study: _____

Hours and Times Available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please list the days and times you are available to volunteer.

Employment History

Name of Employer, Address, & Phone	Job Title	Job Duties Performed	Dates of Employment

May we contact your current/previous employers? _____

Why are you interested in Children's Haven? _____

Please list any relative, friend, or acquaintance that has been involved with Children's Haven:

1. _____ 2. _____

3. _____ 4. _____

Volunteer and/or Previous Childcare Experience

Name of Employer or Volunteer Agency	Title	Job Duties Performed	Length of Time

Do you have any training or experience in any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Secondary Language |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other |

If you checked any of the above, please describe: _____

Please summarize any additional qualifications or information that you feel would be helpful to us:

Do you have any physical limitations that would prevent you from lifting? _____

Have you ever been convicted of a crime? Yes No

(An applicant having a charge or conviction for a crime involving another person in any form is disqualified as a Children's Haven volunteer. Applicants with charges or convictions for any other crime will be considered on a case by case basis.)

If yes, please explain: _____

Are you listed on the DSS Employees' Disqualification List? Yes No

If Yes, please explain: _____

Personal References (Complete mailing addresses are required)

1. Name: _____

Address: _____

City/State/Zip: _____

Telephone#: _____ Relationship: _____

2. Name: _____

Address: _____

City/State/Zip: _____

Telephone#: _____ Relationship: _____

3. Name: _____

Address: _____

City/State/Zip: _____

Telephone#: _____ Relationship: _____

AUTHORIZATION/COMMITMENT STATEMENT

1. I certify that the answers given here are true and complete to the best of my knowledge.
2. I authorize investigation of all of the information contained in this packet, including references and background checks.
3. I understand that this application will be considered active for a period of 60 days, and if I do not turn in the remainder of the documentation or begin training within this time frame, I will be asked to reapply.
4. I understand the significance of my commitment to Children’s Haven, and will honor that commitment to the best of my ability.

Volunteers should agree to:

- Be at least 21 years of age (see younger volunteers)
- Maintaining high ethical and moral character
- Complete the volunteer application
- Sign a confidentiality waiver
- Children’s Division Abuse/Neglect Screening
- Criminal background check
- Driver’s License record check
- Complete a physical and TB test
- Attend an orientation and training period
- Complete an interview with the Volunteer Coordinator
- Define the time period of commitment

Signature

Date