



BETHANY HOUSE Volunteer Application

There are two letters of personal recommendation required with this application. Please give them to the individuals recommending you (no family members please), and have them send it directly to the address listed on the sheet provided. Be sure you sign and date the Reference Form in the box provided.

PO Box 5930
Toledo, OH 43613
419-727-4948
www.bethanyhousetoledo.org

Sponsored by the Sisters of St.
Francis of Sylvania, Ohio

Name _____ Date _____

Maiden Name and/or any alias' used: _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Home Phone _____

Cell phone _____ (OK to call? Yes No)

What hours would you be available to volunteer? _____ Days _____ Evenings _____

Position you are applying for: _____ Children's Activity Assistant _____ Office Assistant

Place of employment and job title/position _____

Briefly list past employment with job title/position held _____

Highest education level achieved _____

List any other training, knowledge, skills, abilities and/or interests which you believe may be helpful as a volunteer.

Past volunteer experiences (include agency name, position, duties and dates) _____

How did you hear about volunteer opportunities at our agency? _____

What do you expect to gain from volunteering with our agency? _____

Have you had any personal experience with domestic or family violence –including child abuse or elder abuse? No _____ Yes (please explain briefly) _____

Have you ever been convicted of a crime? No Yes (please explain) _____

For Interns and Student Volunteers Only

Name of college/school _____

Major/Degree _____

How many hours are required for completion? _____

What are the beginning and ending dates? _____

What are the specific requirements of your program (i.e. Supervision, task completion...)? If more space is needed, use a separate sheet.

I understand that, in compliance with Ohio law, I may be asked for fingerprints. I certify that all of the information given on this form is true and complete according to the best of my knowledge.

Signature _____ **Date** _____

Person to contact in case of an emergency:

Name _____

Relationship to you _____

Address _____

Phone _____