



VOLUNTEER APPLICATION PART A

General Information

Please Send Application to Megan McKeever at
mmckeever@phxdreamcenter.org or 602.346.8769 (FAX)

Name _____ Date _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

List of Names used in the last five (5) years, if different than the one listed above:

Provide information regarding your church attendance for the last ten (10) years beginning with your most recent:

1. _____
2. _____
3. _____
4. _____

References

Please list three (3) character references (not family related)

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
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 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Additional Information

Please explain any "yes" answers. Note that a yes answer does not automatically disqualify you from volunteering at the Dream Center.

Have you been convicted of or plead guilty or no contest to a crime other than a minor traffic violation?
 No Yes Explain _____

Have you ever been arrested and/or investigated by any enforcement agency for abuse?
 No Yes Explain _____

Are you presently under charges of any criminal offense?
 No Yes Explain _____

Have you ever experienced alcohol abuse of any kind?
 No Yes Explain _____

Have you ever experienced substance abuse of any kind?
 No Yes Explain _____

---This Area For Official Use Only---

Contact Date: _____ Follow-up Date: _____ Start Date: _____ Termination Date: _____

Source: (Tour/Referral/Etc) _____ Forward to (Dept/Person): _____ Background Submitted: _____ Background Status: _____

Comments: _____

Education

Highest Grade Completed (please check that which applies)

General Education

8 9 10 11 12 GED

College

1 2 3 4

Graduate

1 2 3 4

Name of School

Major/Degree/Certificate

No. of Years Attended

College _____

Graduate _____

Other _____

Experience *Please attach resume*

Company Name

Reason for Leaving

Telephone No. _____

Position _____

Name of Supervisor _____

Dates of Employment _____

Technical Skills

Computer Knowledge

Basics Intermediate Advanced MAC PC

WPM _____

Software Knowledge

Word Excel Adobe Power Point Access Outlook

Additional

Training / Skills

Area of Interest

- General Bus Driver Van Driver Church On the Street
- Office / Clerical Street Outreach Teaching Maintenance
- Short Term Missions DC Housing Donations Rescue Project

Hours of Availability

Fill in hours below each day. i.e. mornings-8am to noon, daytime-noon to 4pm, evening-4pm to 8pm, overnight-8pm to 8am.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date Available To Start: _____