

GNIHN Volunteer Application

This form is designed to give the GNIHN (i.e., “Network”) the assurance that a safe and secure environment will be provided for all guests, volunteers or staff who will be involved with this program. The Network Director will review all applications and schedule personal interviews, if deemed necessary. If you will be driving for the Network, a copy of your Driver’s License and current Insurance policy will also have to be submitted with this application. I understand that I will complete and submit the Criminal Record Release Authorization Form (form attached) and will pay any fees necessary to have this form processed. I also understand that Megan’s Registry for Sex Offenders will also be accessed for my name. I further understand that I will be unable to volunteer for the Network, until all information has been returned to the Network. All information given in this form will be held in strictest confidence.

Today’s Date: _____

Name _____

Last

First

Middle

Previous birth and/or married name: _____

Address _____

How long have you lived at this address? _____

Previous address _____

How long did you live at this address? _____

E-mail address: _____

Place of employment _____

How long have you worked there? _____

Home phone _____ Work phone _____

Do you have any physical restrictions / conditions that might interfere with your ability to perform any duties as a volunteer? Yes _____ No _____

If yes, please explain _____

If any allergies, please explain _____

In case of emergency notify:

Name: _____ Phone # _____

Cell phone # _____

Address _____

Relationship _____

My previous volunteer experience in the past five years (paid or volunteer) continued on reverse side...

<u>Agency / Organization</u>	<u>Position</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have never been charged with or convicted of neglect, molestation or abuse of a child or youth, which has not been annulled by a court. True Not True

No civil suit alleging actual or attempted sexual assault or misconduct; physical abuse; or child abuse, neglect or molestation has ever resulted in a judgment being entered against me or been dismissed because the statute of limitations has expired.
 True Not True (If not true, please explain on a separate sheet.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual assault or misconduct; physical abuse; or child abuse, neglect or molestation.
 True Not True (If not true, please explain on a separate sheet.)

Do you have a valid driver' s license? Yes No
 If yes, please give state and license number. _____

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving, driving while intoxicated and/or under the influence of a controlled substance. True Not True

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of being a Network volunteer?
 Yes No If yes, please provide a brief explanation.

Personal References (Not relatives)

- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____

Please discuss why you think there is family homelessness:

Please discuss why you would like to become a volunteer for the Greater Nashua Interfaith Hospitality Network:

The information contained in this form is true and complete to the best of my knowledge. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

I authorize any references or agencies listed to give you any information (or opinions) they may have regarding my character and fitness for this volunteer work. I release all persons and organizations, both individually and collectively, from any and all liability for damages that may result from their attempts, if offered in good faith, to comply with this authorization.

Name (print clearly): _____

Signature _____ Date _____