



Three Rivers United Temporary Housing, Inc. (TRUTH)
Volunteer Application

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ MALE \_\_\_ FEMALE \_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (If different): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT VIA EMAIL? YES \_\_\_ NO \_\_\_

CURRENT OCCUPATION & EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ MAY WE CONTACT YOU AT WORK? YES \_\_\_ NO \_\_\_

VOLUNTEER EXPERIENCE: \_\_\_\_\_

DUTIES YOU ARE INTERESTED IN DOING AS A VOLUNTEER FOR T.R.U.T.H. Inc. (Check all that apply)

- \_\_\_ LAWN CARE/OUTDOORS \_\_\_ STAFF RELIEF/SUPPORT \_\_\_ COOK MEALS \_\_\_ FUNDRAISE
\_\_\_ MAINTENANCE WORK \_\_\_ CLEANING DUTIES \_\_\_ TEACH CLASS/SKILL \_\_\_ PLAN EVENTS
\_\_\_ HULING/MOVING ITEMS \_\_\_ CLERICAL WORK \_\_\_ COMMITTEE MEMBER \_\_\_ WORK EVENTS
\_\_\_ OTHER: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

VOLUNTEER DRIVER: YES \_\_\_ NO \_\_\_ (IF YES, PLEASE COMPLETE BELOW)

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_

- To be considered as a Volunteer Driver for T.R.U.T.H. Inc., you must provide a certificate from your automobile insurance evidencing liability coverage in force, for an amount of not less than \$300,000.
Certificate Provided: YES \_\_\_ NO \_\_\_ Name of Insurance Company: \_\_\_\_\_
Miles you are willing to travel: 0-25 \_\_\_ 25-50 \_\_\_ Over 50 \_\_\_ # of passengers you can take: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

SEASONAL VOLUNTEER: YES \_\_\_ NO \_\_\_ DATES AVAILABLE: \_\_\_/\_\_\_/\_\_\_ THROUGH: \_\_\_/\_\_\_/\_\_\_

(Seasonal, please give us a reminder before your status is unavailable and let us know when available again)

NOTES ON AVAILABILITY OR PERFERRED TIMES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

OSH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_ BACKGROUND CHECK: Date: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_ RESULTS: \_\_\_\_\_ STAFF: \_\_\_\_\_

\_\_\_ AVAILABILITY \_\_\_ STATEMENT OF CONFIDENTIALITY \_\_\_ STAFF RELIEF TRAINING COMPLETED: DATE: \_\_\_/\_\_\_/\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_