Let There Be MOM

Volunteer Application

Please note that certain volunteer positions require completion of a criminal background check every three years.

Please print legibly

Full Name: _____.

Address:_____.

City:_____State: _____Zip: _____.

Telephone Numbers (home): _____(work): _____.

Employer: _____.

Address:_____.

City:_____State: _____Zip: _____.

E-mail address: _____.

May we contact you at work?   Yes   No

_____

In case of emergency, who should we contact?

Name:_____. Telephone Number:_____.

Relationship: _____.

_____

What position are you applying for?_____.

Mom Team Leader   Creative Services   Special Events

Office/Clerical   Other (Please describe):_____.

Fundraising   Mom Team Member   Spiritual Team

Special talents you would like to share: _____.

_____.

_____

Do you hold a valid driver's license?   Yes   No
    If yes, which state? _____.

Have you ever had your driver's license suspended or revoked?   Yes   No

 If yes, please explain: _____.

Do you use illegal drugs?   Yes   No

Volunteer History

Do you have volunteer experience? Yes   No

If yes, please list, beginning with present or most recent experience.

Organization Name:_____.

Address: _____.

Position and Responsibilities: _____.

Supervisor's Name and Title: _____ Telephone Number: _____.

Dates of Service: _____.

Organization Name:_____.

Address: _____.

Position and Responsibilities: _____.

Supervisor's Name and Title: _____ Telephone Number: _____.

Dates of Service: _____.

Organization Name:_____.

Address: _____.

Position and Responsibilities: _____.

Supervisor's Name and Title: _____ Telephone Number: _____.

Dates of Service: _____.

Have you ever been asked to relinquish a volunteer position?   Yes   No

If yes, please explain: _____.

Personal References
Please provide three non-family references:

Name:_____. Telephone Number:_____.

Address:_____.

City:_____State: _____Zip: _____. Relationship: _____.

Name:_____. Telephone Number:_____.

Address:_____.

City:_____State: _____Zip: _____. Relationship: _____.

Name:_____. Telephone Number:_____.

Address:_____.

City:_____State: _____Zip: _____. Relationship: _____.

If you would like to include additional information about yourself, please do so on the back of this form.

**I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE
INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN
VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL
BACKGROUND CHECK.**

Applicant Signature _____ Date _____.

If applicant is under the age of 18, please complete the following section.

Parent/Guardian Signature _____ Date _____.

Return form to: Let There Be Mom Inc.
        8595 Pelham Road, Suite 400, #125
        Greenville, SC 29615

Adult Volunteer Consent and Release

Name:_____**Position applied for:**_____.

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of the Organization, most importantly the families we are helping. As a condition of your potential service to the Organization as a volunteer we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

Complete this section with the assistance of a designated Let There Be Mom Representative.

I hereby authorize Let There Be Mom Inc to schedule and complete a personal background check, including a criminal history.

Do you have any prior names or surnames? Yes   No

If yes, please list name(s): _____.

_____.

Date of Birth:_____ Place of Birth: _____.

Social Security Number: _____.

Driver's License Number: _____ State: _____.

Applicant Signature _____ Date _____.