



Dear *Volunteer Applicant*:

Shiloh House is committed to ensuring the safety of the children and families with whom we work. Depending on your level of involvement as a volunteer, part of the screening procedure may involve a background check as required by law.

Included in the volunteer application packet is a Central Registry Inquiry Form. If you are a candidate for a mentor/volunteer position at the agency, this form will be sent to the Colorado Department of Human Services. Your name will be checked against a central registry of persons who are not permitted to work with or volunteer with children because of past behavior.

Additionally, the agency is required to conduct a criminal record background check through the Colorado Bureau of Investigations. This process will require you to provide a complete set of fingerprints. The approximate cost for these required background checks could vary, however will be no more than \$79.35. The agency will pay the \$15 fingerprinting fee. Finally Shiloh House may also obtain a Division of Motor Vehicles report and check professional and/or character references.

Volunteers are essential to the work of our agency and we are most grateful that you have considered spending time with our clients. Please take a few moments to complete and sign the attached form as part of your application.

Thank you,

Kathy McShane
Community Liaison

I have read and understand the above information.

Signature of Applicant

Date



VOLUNTEER PLACEMENT INFORMATION

Thank you for your interest in volunteering at Shiloh House. The information on this form will help us find the most satisfying and appropriate volunteer opportunity for you. After completing the application, please return it to:

Kathy McShane
303-933-1393 ext. 169
kmcshane@shilohhouse.net

Shiloh House
6400 W. Coal Mine Ave., Littleton, CO 80123
phone: (303) 932.9599 - fax: (303) 973.1269

PERSONAL INFORMATION:

Last Name	First Name	M.I.
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Address	City/State	Zip
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Home Phone	Work Phone	Cell Phone
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E-mail Address:	(Home)	(Work)
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Social Security # _____ Are you at least 23 years of age? Yes No

Interested in: Volunteer Beyond The Walls Mentor



BACKGROUND:

Have you previously applied to, been employed by, or volunteered at Shiloh House?
No Yes Dates: _____

Have any of your relatives ever worked or volunteered for Shiloh House?
No Yes If yes, please list who: _____

Have you had any previous affiliation with Shiloh House? Yes No If yes, please explain: _____

How did you hear about Shiloh House? _____

How long have you lived in Colorado? _____

Have you ever had child abuse allegations or conviction brought against you?
Yes No
If yes, please explain: _____

Have you ever been convicted of a crime (Misdemeanor or Felony)? Yes No
(Such a conviction may be relevant, if job-related, but does not necessarily exclude you from volunteering.) If yes, please explain: _____

Do you have any traffic violations that have occurred in the last 3 years? Yes No
If yes, please explain: _____

Are you comfortable working with children/youth who are registered sexual offenders?
Yes No

Are you seeking volunteer work as part of a community service requirement related to a violation of the law? Yes No
If yes, what was the violation? _____

HIGHEST LEVEL OF EDUCATION COMPLETED:

_____ High School
_____ Vocational/Technical Training
_____ College
_____ Other: _____

Have you lived in Colorado for 2 years or less? Yes No

EMPLOYMENT:



Current Occupation: _____ Job Title: _____

Company Name: _____ Address: _____

Principal responsibilities: _____

SPECIAL SKILLS, TRAINING OR HOBBIES YOU COULD SHARE AS A VOLUNTEER: _____

PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE: _____

PLACEMENT PREFERENCES: (Check all that apply)

Direct Interaction with Children/Families:

- Group Volunteer
- Program Volunteer
- Tutor
- Classroom Assistant
- Mentor
- Other

Indirect Activities or Services:

- Office Support
- Special Events
- Knitting / Crochet
- Maintenance
- Other

I would prefer volunteering with:

- Boys Girls No preference

I am most comfortable with:

- Younger children Older children No Preference

AVAILABILITY:

How often are you interested in volunteering?

- Weekly Biweekly Monthly Annual Events Other: _____

What is the best time for you to volunteer?

- Weekends Mornings Afternoons
 Weekdays Flexible Specific time: _____



Shiloh House

Community - it's what we are, it's where we are.

Volunteer Application

Can you attend a two-hour volunteer training session? Yes No

Do you have reliable transportation? Yes No

REFERENCES:

Please list three business or personal references: (not related to you)

Name _____ Relationship _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ or _____

I understand and agree that any misrepresentations on my part of this application may be sufficient cause for cancellation of or separation from any volunteer duties assigned. I further understand that Shiloh House retains the right to terminate my volunteer status with or without cause by providing written notice of such action.

I give Shiloh House the right to conduct appropriate background investigations and to secure additional related information, and hereby release Shiloh House and its representatives from any liability for seeking such information. I further release all other persons, corporations, or organizations for furnishing such information to Shiloh House in connection with my volunteer status.

Signature of Volunteer

Date