



Faith Haven, Inc.
 4497 Roebuck Road or P.O. Box 835
 Tupelo, MS 38801
 Telephone: 662-844-7091
 FAX: 662-844-3146

**VOLUNTEER
 APPLICATION**

Date of application _____

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

May we contact you at work? Yes No If no, please explain _____

Do you have a valid Driver's License? Yes No If no, please explain _____

Driver's License Number: _____ State: _____

Do you have Auto Liability Insurance? Yes No If no, please explain _____

Availability: *(Check those that apply)*

Seasonal Monthly Weekly

Day(s) of the week: All Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday

Times: _____

Areas of interest: *(Check those that apply)*

Tutoring Mentoring Recreational
 Cultural Vocational Other (explain): _____

Previous Volunteer Experience: _____

How were you referred to Southern Christian Services for Children and Youth, Inc.? _____

What do you hope to gain from your experience at Southern Christian Services for Children and Youth, Inc.? _____

Please list four (4) personal references below:

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

3. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

4. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Signature _____

Date _____

Date Received by Faith Haven _____