



# COACH EBY YOUTH & FAMILY CENTER VOLUNTEER APPLICATION

## Applicant Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Marital Status \_\_\_\_\_ Current Employment/Status \_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_

Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Can we add you to our TEXT APP? YES NO (Please circle one)

## Volunteer Information

Past work and volunteer experience \_\_\_\_\_

Why are you interested in volunteering for the Eby Center? \_\_\_\_\_

What are you interested in volunteering for? (Circle all that apply)

- Friday Night Alive (FNA)      The COACH      Food Prep for FNA
- Warming Center      Coats for Kids      Communications      Data Entry
- Technology      Maintenance      Special Events      General Volunteer

## Additional Documents

Volunteers must read, sign, and abide by the following documents:

- Confidentiality Agreement
- Background Authorization Form
- Basic Tenants of Faith
- Volunteer Policies and Procedures

I have filled out this application to the best of my knowledge and give permission to the Coach Eby Center Main Office to perform a background, criminal, and/or character check.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

# BACKGROUND AUTHORIZATION FORM

I authorize the Coach Eby Youth & Family Center and all assigned agents of the organization to conduct a criminal background check as a routine part of their volunteer screening process. I understand that the information received may include but is not limited to organizations, federal, state, or county level agencies, driving and criminal history.

I certify that all of the information provided is true and complete to the best of my knowledge. I understand that if any information is found to be omitted or found as false, it may result in a disqualification or removal from my volunteer position with the organization.

Any information obtained from this report will be reviewed on a case-by-case basis and is not an immediate dismissal from volunteer activities.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## PLEASE PROVIDE THE FOLLOWING INFORMATION

Volunteer position applied for: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: (Circle One) M / F

Email: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Aliases/Nicknames: \_\_\_\_\_

Driver's License/State ID: \_\_\_\_\_ Issuing State: \_\_\_\_\_

- Please provide a copy of driver's license/ state ID