

# VOLUNTEER APPLICATION FORM



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City ST Zip

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

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

Date of Birth (optional): \_\_\_\_\_ Gender (optional): \_\_\_\_\_

Age: \_\_\_\_\_ Under 18\* \_\_\_\_\_ 18-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49

\_\_\_\_\_ 50-59 \_\_\_\_\_ 60-69 \_\_\_\_\_ 70-79 \_\_\_\_\_ 80+

**\*If you are under 18, your parent/legal guardian will need to complete a separate consent form prior to first assignment. If you are 16 or under, you will need to have a parent/legal guardian with you at your volunteer assignments.**

Occupation: \_\_\_\_\_

Have you ever been convicted of a felony or of any misdemeanor involving theft, dishonesty or moral turpitude? **Y / N**

If "Yes", give date and offense: \_\_\_\_\_

\_\_\_\_\_

Prior Volunteer Experience [organization(s) and # of years]: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Malachi House? \_\_\_\_\_

Are there any physical restrictions that would affect your volunteer duties (such as lifting, etc.)? **Y / N**

If "yes", give details: \_\_\_\_\_

Special skills/talents you have that may be used in volunteering: \_\_\_\_\_

**(Please complete other side of this page.)**

Have you had a significant loss in the last year either through death or divorce? **Y / N**

If "yes", when? Have you addressed the loss? \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

Phone Work: \_\_\_\_\_

**Malachi House requires two references from volunteer candidates. Please provide the names and full addresses of two people we may contact regarding you; we will send them a form to complete and return directly to us. We ask that the people listed are not family members or personal friends; we'd rather they be someone you have worked with or for, or someone from an agency with which you volunteer or have volunteered.**

Please print.

**Reference 1:**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please return application to:

**MALACHI HOUSE**  
Attn: Martha Cromleigh, Volunteer Coordinator  
2810 Clinton Avenue  
Cleveland, OH 44113  
(216) 621-8831  
(216) 621-8841 (fax)