



## Religious Coalition Emergency Family Shelter Volunteer Application

*The Religious Coalition for Emergency Human Needs in Frederick County Maryland, Inc. (the "Religious Coalition") does not discriminate against individuals on the basis of race, religion, gender, age, national origin, disability, marital or veteran status, or any other class protected by law.*

Full Name \_\_\_\_\_

List any maiden names or aliases \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Sec. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Legal U.S. Resident? \_\_\_\_\_ If no, are you able to legally work in the U.S.? \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cellphone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Congregation/Religious Affiliation \_\_\_\_\_

Position Desired (you may choose multiple):

Day Site Host      Evening Site Host      Overnight Site Host      Alternate/Fill-In

Other: \_\_\_\_\_

Are you willing to be an as needed volunteer? \_\_\_\_\_

If yes, list preferred dates and times of availability

\_\_\_\_\_  
\_\_\_\_\_

### Background Information

Have you ever been convicted of a felony? \_\_\_\_\_ NO \_\_\_\_\_ YES

To protect children enrolled in our programs the Religious Coalition conducts a criminal background and records check on all volunteers and may also conduct finger printing of anyone working with children. Are you willing to submit to such a screening? \_\_\_\_\_ NO \_\_\_\_\_ YES

If no, or you would like to explain additional issues that may appear on your background check, please explain below:

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### References and Experience

Please list three references that are familiar with your character. (Please no relatives)

Name	Phone	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any relevant work, volunteer, or education experience.

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*I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any act or circumstance that would, if disclosed, affect my application unfavorably. I authorize the Religious Coalition to conduct an investigation of all statements contained in this application and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability, which they might otherwise incur as a result. I acknowledge that I am applying for a volunteer position and that I will not be paid for my services. If a*

*volunteer relationship is established, I understand that the Religious Coalition has the right to terminate this relationship at any time.*

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

*RCEFS staff use only*

<b>Background Check Completed:</b> _____
<b>Application Status:</b> _____
<b>Training scheduled:</b> _____