



### Volunteer/Mentor Application

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Race \_\_\_\_\_ (\*required for ICHAT) Email \_\_\_\_\_

Desired Area for Helping:

Tutoring \_\_\_\_\_ Mentoring \_\_\_\_\_ Administrative \_\_\_\_\_ Construction \_\_\_\_\_ Cleaning \_\_\_\_\_ Other Destiny Conference

Availability: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Weekends: \_\_\_\_\_

Special Skills/Qualifications: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

References: (cannot be a family member)

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Describe yourself in four sentences:

---

---

---

---

Briefly share why you'd like to volunteer/mentor with House of Providence:

---

---

---

---

---

---

---



**Office Use Only**

---

FFPSA Compliance \_\_\_\_\_  
TB Test \_\_\_\_\_  
Signed Confidentiality \_\_\_\_\_  
Date of Orientation attended \_\_\_\_\_

*(Please attach aforementioned documentation)*

\_\_\_\_\_  
Chief Administrator

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date