



Life Training for Mothers

Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

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

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

Areas you'd like to help with: Check all that apply

Mailings    Yard Work    Mentor    Sunday Lunches    Day Staff    Driver

Events/Fundraisers    'Thank You' Cards    Childcare    Reception  
 General Cleaning

Hair Stylist    Donation Pickup/Help    Other \_\_\_\_\_  
\_\_\_\_\_

126 E Mt Morris Ave  
Wautoma WI 54982  
(920) 787-2247

\*Volunteer Drivers will need to furnish a copy of current car insurance.

How often are you available to help? Please write in hours available for:

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_ Saturdays \_\_\_\_\_

\_\_\_\_\_

Sundays \_\_\_\_\_

Church Information

Church Name \_\_\_\_\_ Length of attendance \_\_\_\_\_

Church Address \_\_\_\_\_

**Confidential Information**

The following information will only be shared with your direct supervisor and program director. We collect this information from all applicants, volunteer or employee. Refusal to fill out this portion of the application may disqualify you from volunteering or working at Naomi House. When volunteering for any position, we will need to do a background check because you will be working with or around minors. Thank you for your cooperation in making Naomi House a safe place for children.

Do you have any physical conditions that prevent certain activities?

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Have you ever been convicted of a felony? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been charged with, or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, explain: \_\_\_\_\_

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The information provided in this form is correct to the best of my knowledge. I authorize any reference checks to be made and understand that a background check will be processed.

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

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

\_\_\_\_\_  
*Signature of parent or guardian if under 18*

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

Please mail your completed application to:

Naomi House  
Attn: Travis Talbott  
126 E Mt Morris Ave  
Wautoma WI 54982  
Phone: 920-787-2247  
Email: trtalbott@naomihouse.org