



A loving home for life's last journey

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____
Last First Middle Initial

Nickname: _____

Address: _____
Street Address City Zip

Home Phone: _____ Cell Phone: _____

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?

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.)?

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?

If "yes", when? Have you addressed the loss? _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

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.

Reference 1:

Name: _____

Address: _____ **City:** _____

ST: _____ **Zip:** _____ **Email Address:** _____

Relationship to you: _____

Reference 2:

Name: _____

Address: _____ **City:** _____

ST: _____ **Zip:** _____ **Email Address:** _____

Relationship to you: _____

Please return application to:

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