

FACES – VOLUNTEER APPLICATION

Please mail or e-mail the completed application to:

FACES
417 S. 6th Street
Boise, ID 83702

or

FACES@adaweb.net



<u>Last Name</u>			<u>First Name</u>		<u>Middle Name</u>		<u>Nickname</u>		
<u>Prior names used (including maiden):</u>									
<u>Please list addresses for past 5 years beginning with current address. Use additional page if necessary:</u>									
<u>Street Address:</u>			<u>City:</u>		<u>State:</u>		<u>Zip:</u>		<u>How long there?:</u>
<u>Street Address:</u>			<u>City:</u>		<u>State:</u>		<u>Zip:</u>		<u>How long there?:</u>
<u>Day/Work Phone</u>		<u>Evening/Home Phone</u>		<u>Cell Phone</u>		<u>Fax #</u>		<u>E-mail address</u>	
<u>SSN</u>		<u>DOB mm/dd/yyyy</u>		<u>Driver's License #</u>		<u>State Issued</u>		<u>Expiration date</u>	
<u>Emergency Contact</u>				<u>Relationship</u>			<u>Phone Number(s)</u>		
<u>Please list the type of volunteer work you are most interested in doing</u>									
<u>Please list any experiences and/or skills that qualify you for a volunteer position</u>									
<u>Please list the preferred days and times when you could volunteer</u>									

The process to become a volunteer with FACES includes a Criminal History Records Check, a Background Investigation. This process may take a couple of weeks to complete. The following information may be used to complete your application process.

<u>Present or last employer:</u>		<input type="checkbox"/> ok to contact		<input type="checkbox"/> do <i>not</i> contact	
<u>Bus. Name</u> _____		<u>Address</u> _____		<u>Phone #</u> _____	
<u>Supervisor's name & title</u> _____			<u>Supervisor's phone</u> _____		
<u>Dates of employment</u> _____			<u>Reason for leaving</u> _____		
<u>Job Title</u> _____		<u>Job duties</u> _____			

Previous employer: [] ok to contact [] do *not* contact
 Bus. Name _____ Address _____ Phone # _____
 Supervisor's name & title _____ Supervisor's phone _____
 Dates of employment _____ Reason for leaving _____
 Job Title _____ Job duties _____

Previous employer: [] ok to contact [] do *not* contact
 Bus. Name _____ Address _____ Phone # _____
 Supervisor's name & title _____ Supervisor's phone _____
 Dates of employment _____ Reason for leaving _____
 Job Title _____ Job duties _____

References: Please provide the name, address, and phone numbers of friends, neighbors, or associates who may also be contacted.

Name:	Day Phone:	Evening Phone:
Address:	Association:	How long known?:
Name:	Day Phone:	Evening Phone:
Address:	Association:	How long known?:
Name:	Day Phone:	Evening Phone:
Address:	Association:	How long known?:

The facts set forth in this application and other such information submitted is true and complete. The FACES staff has my permission to conduct whatever background check is necessary to determine my fitness to perform in the capacity of a volunteer at FACES. I agree to waive any claims or rights of action against FACES for injuries that may arise from my volunteer duties.

Date: _____ Signature: _____

I became aware of FACES Volunteer Program through: _____

