

**VOLUNTEER APPLICATION FORM
RETAIL STORE and WAREHOUSE**

PERSONAL INFORMATION

LAST Name		FIRST Name	
Address		City	Postal Code
Home Phone	Email		Cell Phone
Driver's License-if applying for truck driver only		Birthdate	
Church you presently attend		How Long	
Pastor's Name		Telephone Number	

EMERGENCY CONTACT INFORMATION (in case of illness or injury)

First and Last Name		Relationship to you	
Address		City	Postal Code
Phone Number		Email	
Doctor		Phone Number	
Do you have any medical conditions about which we should be aware of?			

EMPLOYMENT EXPERIENCE

Employment for the last five years (dates, employer, telephone number, your responsibilities)

VOLUNTEER EXPERIENCE

Dates, organization, supervisor, telephone number and description of your duties
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AVAILABILITY

Days and hours when you are available to work:

What date can you begin to work:

Do you consent to a Police Record Check Yes No

REFERENCE (do not use a family member)

Name	Telephone Number	Email
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Special Skills, Training, Hobbies

Signature of Applicant

Date

**LOADS OF LOVE
VOLUNTEERS & CONFIDENTIALITY**

Policy:

A volunteer should exercise the utmost discretion in regard to all matters of official business and records. Any information received by a volunteer on a confidential basis must be maintained in confidence and is not to be discussed with persons other than staff or board members. **Breach of confidentiality may be reason for termination of volunteer placement.**

CONFIDENTIALITY STATEMENT

I agree to hold in confidence **ALL** matters that come to my attention while fulfilling my responsibilities and volunteer service with Loads of Love and all of the organization's partners.

This confidentiality agreement includes the business aspect of the organization as well as sensitive information regarding clients and colleagues. I will respect the confidential work of Loads of Love.

Name (please print)

Signature

Witness (please print)

Signature of Witness

Date