



# StreetWise Georgia | Volunteer Application

This Volunteer Application is being used to help StreetWise provide a safe and secure environment for those who participate in our programs and use our facilities. The information requested is needed to process your application. Please complete the form thoroughly so that we can process it quickly. Thank you!

- Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Name you go by
- Present Address \_\_\_\_\_ How Long at Present Address? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Former Address \_\_\_\_\_ How Long at Former Address? \_\_\_\_\_  
Former Address \_\_\_\_\_ How Long at Former Address? \_\_\_\_\_
- Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Area(s) you desire to volunteer in at StreetWise:  
 Administrative     Annual Events     Daily Intake     Basic Needs     Bible Studies  
 Other (please specify): \_\_\_\_\_
- E-mail Address: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- Marital Status \_\_\_\_\_ Social Security # \_\_\_\_\_
- Driver's License #: \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Have you ever been known by any other name?     Yes     No  
If yes, please list all other names. Include maiden name. Use separate page if needed:  
\_\_\_\_\_
- Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation or are there any charges currently pending against you?     Yes     No    If yes, please explain (use separate page if needed):  
\_\_\_\_\_
- Is there any reason, including those that are physical, emotional or mental health related, that might keep you from effectively working with children/youth, or that may cause a child potential harm?     Yes     No  
If yes, please explain. \_\_\_\_\_
- Have you ever been addicted to, or concerned that you were addicted to, drugs, alcohol, pornography, or any other harmful addiction; or has anyone ever suggested that you may have a problem with any of the above?  
 Yes     No    If yes, please explain: \_\_\_\_\_
- Do you presently use illegal drugs, alcohol, or tobacco of any kind?  
 Yes     No    If yes, please explain: \_\_\_\_\_
- I have received and read the StreetWise Georgia Child Protection Policies. Please initial here: \_\_\_\_\_  
(Required for Approval)

Please list volunteer work involving preschool, children, youth or senior adults (Little League, Boy Scouts, YMCA, etc.)

Organization Name & Address	Phone	Area of Service	Dates of Service

14. Present Church Membership: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Church Website \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Ministry Area(s): \_\_\_\_\_

Are you a member of a Small Group Bible Study (Sunday school class)?  Yes  No

If yes, name of group or teacher: \_\_\_\_\_

15. Please list places of employment in the past 5 years (*Use separate page if needed*)

Name & Address	Phone-Fax-E-Mail	Position	Dates Employed

16. Please give three (3) Personal References (*the references need to be 18 yrs. old and a non-family member*)

1. Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**READ CAREFULLY**

In consideration of the receipt and evaluation of this application by StreetWise Georgia, Inc., I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize StreetWise Georgia, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, driver record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as a volunteer now and during my tenure as a volunteer with StreetWise Georgia, Inc.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_