



Visitation House Ministries

945 W. Huisache, San Antonio, TX 78201

TEL: (210) 735-6910 FAX: (210) 738-8794

www.visitationhouseministries.org

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

ZIP CODE: _____ PHONE: _____ CELL: _____

EMAIL: _____

DRIVER'S LICENSE #: _____ STATE: _____

VOLUNTEER EXPERIENCE: _____

TYPE(S) OF VOLUNTEER WORK YOU ARE INTERESTED IN:

Tutor (adult) _____
specify subject(s): _____

Tutor (child) _____

Other type of volunteer work _____

specify: _____

HOURS AVAILABLE:

Mon from _____ to _____

Tue from _____ to _____

Wed from _____ to _____

Thu from _____ to _____

Fri from _____ to _____

BACKGROUND INFORMATION

1. Are you currently under investigation for any complaint? YES___ NO___
If YES, please explain:

2. Have you had a problem with alcohol or drugs? YES___ NO___ If YES, please explain. Use additional page if needed.

3. Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or family or public indecency, or a violation involving a state or federal offense for controlled substance? YES ___ NO___

4. Please provide three character references:

NAME	ADDRESS	PHONE/EMAIL	RELATIONSHIP

I understand that dishonest answers and/or failure to disclose information may result in automatic refusal or termination of volunteer status.

To the best of my knowledge, the information I have provided is true and correct.

Furthermore, I, _____, authorize Visitation House Ministries to conduct a background check based on the information I have provided.

SIGNATURE:

DATE:
