

PO Box 2143
Stockbridge, GA 30281
770-954-5639



The Leviticus Group

VOLUNTEER APPLICATION FORM

SECTION I - Personal

Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Email _____

SECTION II - Experience

Previous volunteer experience _____

Occupation (previous if retired) _____

Other helpful information (special training, skills, hobbies, education) _____

Languages spoken _____

SECTION III - Volunteer interests and availability; *please check all that apply.*

- I will help*
- | | | |
|---|---|--|
| <input type="checkbox"/> In our office | <input type="checkbox"/> In the field | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Web design | <input type="checkbox"/> Light lawn care |
| <input type="checkbox"/> Simple home repair | <input type="checkbox"/> General plumbing | <input type="checkbox"/> Other _____ |
- I am available*
- | | | |
|--|--|--|
| <input type="checkbox"/> Morning (M-F) | <input type="checkbox"/> Afternoon (M-F) | <input type="checkbox"/> Evening (M-F) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a week | <input type="checkbox"/> More than once a week |
| <input type="checkbox"/> One time only | <input type="checkbox"/> As needed | <input type="checkbox"/> Other _____ |

SECTION IV - General

Do you have a valid GA driver's license? ☐ Yes ☐ No (Helpful as ID)

License Number _____ Vehicle License Plate number _____

Insurance Company _____ Policy # _____

Have you ever been convicted for violation of any laws, traffic or otherwise? ☐ Yes ☐ No

If yes, please explain _____

Do you have any physical condition that may limit your activities? ☐ Yes ☐ No

If yes, describe _____

Emergency contact - Name _____ Phone # _____

SECTION V - References

Please list three persons we may call who are NOT family; one may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone # _____

Address _____ Relationship _____

Name _____ Phone # _____

Address _____ Relationship _____

Name _____ Phone # _____

Address _____ Relationship _____

Comments -

I hereby give my consent to contact my references, to contact my employers past and present, and to conduct a free Background check.

Signature of applicant

Date