

## **VOLUNTEER APPLICATION – Bounce 2024**

NAME:					
Last	First		MI		
ADDRESS:					
Street	City	State	Zip		
HOME PHONE:	WORK PH	PHONE:			
CELL PHONE:	E-MAIL: _				
DRIVER'S LICENSE #:		_ STATE OF LICE	NSE:		
DATE OF BIRTH:	SCHOOL/WO	RK:			
EMERGENCY CONTACT:					
Name		Phone	Relation		
ADULT T-SHIRT SIZE (\$10 fee):					
· /					
<ul><li>INTERESTS:</li><li>1. Why are you interested in volunteer</li><li>2. What personal skill or strength of you</li></ul>		benefit this ministry?	,		
3. Do you have a particular area of int	erest for volunteering?				
4. What are your current professional/	student commitments?				
5. How would you describe your person	onal faith?				

6. We need volunteers for an entire week. In completing this application, you are committing to participating on the following dates:

Mandatory Training Day- Saturday, July 27<sup>th</sup> 9:00am-12:30pm Bounce Intensive Week – July 29<sup>th</sup> – Aug. 2<sup>nd</sup> 8:30am -6:00pm

CLEARANCE:			Yes		
Have you been convicted of a felony or misdemeanor?				No	
If yes, explain					
Are you a U.S. Citizen or legally authorized to w	Yes	No			
Are you willing to be background/fingerprint che	ecked? (	\$55 fee)		Yes	No
REFERENCES (PROFESSIONAL/STUDENT) Name Address	I AND PE	RSONAL): Phone		Relationship	
1.					
2.					
3.					

## PLEASE READ EACH OF THE FOLLOWING ITEMS CAREFULLY BEFORE SIGNING AND DATING:

- 1. I CERTIFY that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I volunteer at Wellspring, false, misleading or incomplete statements on this application shall be grounds for dismissal.
- 2. I UNDERSTAND that all Wellspring Counseling Inc. property must be returned in good condition.
- **3. I AGREE** to hold Wellspring Counseling Inc. and the site where I volunteer harmless from all claims with regard to risk, injury and loss if I accept a volunteer position. I release and waive all claims associated with my volunteer work at Wellspring Counseling Inc., its employees, officers, directors, agents, and other volunteers.

## **BACKGROUND INVESTIGATION CONSENT**

By signing this application, I,			, hereby authorize					
Wellspring Counseling Inc. and	1/or its agents to m	nake an independent i	nvestigation of my backg	ground,				
references, character, past employment, education, credit history, fingerprints, 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 for involvement now and, if applicable, during								
the tenure of my involvement with Wellspring Counseling Inc. I will also sign an AFFIDAVIT OF								
GOOD MORAL CHARACTER	•							
Lasters Wellson Committee	I 1/ :4							
I release Wellspring Counseling Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to								
the information obtained from any and all of the above referenced sources used.								
the information obtained from an	ry and an or the ac	ove referenced source	es useu.					
MAIDEN NAME OR OTHER N	NAMES USED: _							
FORMER ADDRESS:								
Str	reet	City	State	Zip				
LENGTH OF TIME AT FORM	ED YDDDEGG:							
LENGTH OF TIME AT FORM	EK ADDKESS							
SIGNATURE OF APPLICAN	T							
DATE								
We	allenring Counceli	ng Inc. Office Use Or	1v					
Appointment Date:								
rippointment Date.		interviewed by						
Comments:								