



Volunteer Application

Our Mission

Our mission is to promote greater independence through quality respite and support services to families and individuals of all ages.

Our Purpose

- To provide a community-based alternative to prevent or delay the institutionalization of children and adults with mental, physical, and/or emotional disabilities.
- To assist persons in the elderly community to remain in their homes, with family or primary caregivers as long as possible.
- To alleviate stress for stressed parent by providing respite care to the children residing in the home.

Affirmative Action Policy

Trinity In-Home Care is an equal opportunity agency. Equal opportunity is provided to all applicants without regard to race, color, religion, gender, gender identity and expression, sexual orientation, age, national origin, ancestry, disability, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Your application will remain active for sixty (60) days following the application completion date. The Volunteer Manager and will screen applications. Applicants selected for an interview will be contacted by phone.

Applications are accepted during office hours (8:30 am to 4:00 pm, Monday through Friday). Completed applications can be mailed to **2201 W. 25th St., Ste. Q, Lawrence, KS 66044**, or faxed to **(785) 842-7061**.

Applicant Name _____

Date _____

Employment History

Please start with your most recent employer, including military service. If information is already on your resume, fill in only those items not listed on your resume. Explain any gaps in work history.

Other name(s) under which you have worked or attended school _____

Company _____ Phone _____ Address _____ Position held _____ Dates of employment _____ Name & title of immediate Supervisor _____ Description of main job duties _____ Reason for leaving _____
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Volunteer Experience

Organization _____ Phone _____ Date of service _____ Contact person _____ Description of volunteer activities _____
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Do we have permission to contact the individuals listed above? Yes No If no, please explain

Other Background Information

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been convicted of a health care related crime? Yes No

If yes to either questions, please explain (include State or Territory, Country, Year, Description of Offense)

I authorize Trinity In-Home Care to investigate any or all statements contained in this application and to obtain information concerning my qualifications as a prospective volunteer. I authorize my former employers and references listed to make full response to any inquiries may by designated staff members of Trinity In-Home Care concerning my previous employment, and my work performance/volunteer experience. I release all such persons and entities from all liability with respect to providing such information to Trinity In-Home Care.

I understand that should I be accepted as a volunteer, I will fully adhere to the policies, rules and regulations of Trinity In-Home Care.

I certify that the information contained in this application is true, complete and correct to the best of my knowledge and that any misstatements or omissions in this application may result Trinity In-Home Care's refusal to allow me to work as a volunteer.

Signature

Date

Additional Notes/Comments: