TRIUMPHANT LIVING FOUNDATION

Volunteer Application

Application Date _____

Volunteer Position Sought _____

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Work Phone _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

No ☐ Yes ☐

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational membership's _____

Please describe your prior volunteer experience (include organization names and dates of service)

_____

_____

_____

_____

www.TriumphantLiving.org
P.O. Box 691223 • Orlando, FL 32869
Ph: (407) 614 – 5176 • Fax: (407) 614 - 5200

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What experiences have you had that may prepare you to work as a volunteer in the field of trauma recovery and spiritual healing?

_____

_____

_____

_____

What do you want to gain from this volunteer experience?

_____

_____

_____

_____

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

_____

_____

_____

Do you have a driver's license? No ☐ Yes ☐

Do you have car insurance? No ☐ Yes ☐

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

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Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with **Triumphant Living Foundation** that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by **Triumphant Living Foundation**. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with **Triumphant Living Foundation** or my termination as a volunteer.

Print Name _____

Signature _____

Date _____

Fax form to: 1 (407) 614 - 5200

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