



Volunteer Application

Thank you for your interest in volunteering with us!

Please mail to 52 Reads Way, New Castle DE 19720 or email to info@forwardjourney.org.

Contact Information

Name	
Street Address	
City State Zip	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Interests

Tell us in which areas you are interested in volunteering.

Administration

Maintenance Projects

Special Events

Special Crafts

Activities with Participants

Board Member

Artistry

Other (please describe below):

Time Commitment

How much time could you commit?

1-2 hours

1-2 days per week

2-3 hours

2-3 days per week

3-4 hours

3-5 days per week

Weekday evening 1-2x per month (Board Participation Only)

Other (please describe below):



Background Check Information

Background checks and screening are required before spending time with a vulnerable population such as ours. We may require the following: Adult & Child Abuse Registry checks, Criminal Background checks, Drug Screen and TB Test.

Do we have permission to conduct a criminal background check?	Yes	No
Have you ever been convicted of a crime involving offenses against children?	Yes	No
Have you ever been convicted of a crime involving firearm?	Yes	No
Have you ever been convicted of a crime involving physical harm to another person?	Yes	No

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that can be utilized at Forward Journey.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By checking the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application. I ACCEPT

Name	
Parent/Guardian Signature (if under 18)	
Date	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or other protected class(es).