



4650 Flat Shoals Parkway • Decatur, GA 30034
1400 Buford Highway, Suite R4 • Sugar Hill, GA 30518
Phone (678) 804-8823 • Fax (678) 804-8827

VOLUNTEER APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Email _____

DOB _____

Position applying for? _____

Availability: _____ Weekday mornings _____ Weekend mornings
 _____ Weekday afternoons _____ Weekend afternoons
 _____ Weekday evenings _____ Weekend evenings

PREVIOUS VOLUNTEER EXPERIENCE: Please summarize any previous volunteer experience

Special Skills: Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports

*Additional areas of interest:

Administrative:	Life Skills:	Personal Care/Professional Services:
<input type="checkbox"/> Notary <input type="checkbox"/> Event Planning <input type="checkbox"/> Grant Writing <input type="checkbox"/> Fundraising <input type="checkbox"/> Marketing <input type="checkbox"/> Public Relations <input type="checkbox"/> Social Media <input type="checkbox"/> Administrative Support <input type="checkbox"/> IT Professional <input type="checkbox"/> Video Production <input type="checkbox"/> Researcher <input type="checkbox"/> Resource Specialist <input type="checkbox"/> Recreational Activities Planner <input type="checkbox"/> Other: _____	<input type="checkbox"/> CPR/First Aid Instructor <input type="checkbox"/> Cook <input type="checkbox"/> Gardener <input type="checkbox"/> Etiquette Instructor <input type="checkbox"/> Seamstress <input type="checkbox"/> Financial Planner Expressive Arts: <input type="checkbox"/> Art Therapy <input type="checkbox"/> Music Therapy <input type="checkbox"/> Dance Instructor <input type="checkbox"/> Theater/Acting Instructor <input type="checkbox"/> Craft/Art Instructor <input type="checkbox"/> Music Instrument Instructor <input type="checkbox"/> Jewelry Designer <input type="checkbox"/> Interior Designer <input type="checkbox"/> Photography <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Nutritionist <input type="checkbox"/> Teacher <input type="checkbox"/> Attorney <input type="checkbox"/> Paralegal <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> General Contractor <input type="checkbox"/> Builder <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Social Worker <input type="checkbox"/> Equine Therapist <input type="checkbox"/> Pet Therapist <input type="checkbox"/> Fitness Instructor <input type="checkbox"/> Sports Trainer <input type="checkbox"/> Yoga Instructor <input type="checkbox"/> Personal Stylist/Fashion <input type="checkbox"/> Dermatologist <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Driving Instructor <input type="checkbox"/> Other: _____
Career Services: <input type="checkbox"/> Career Counselor <input type="checkbox"/> Resume Writer <input type="checkbox"/> Interview Coach <input type="checkbox"/> Secondary Educational Guide <input type="checkbox"/> GED/SAT Tutor <input type="checkbox"/> General Education Tutor <input type="checkbox"/> Business or Career Trainer <input type="checkbox"/> Other: _____		

*Several of the positions listed above require a background check

EDUCATION

Schools/Collages Attended:

Years Year Grad. Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Info
Name:

Phone Number

_____	_____
_____	_____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

YES _____ NO _____ IF YES, PLEASE EXPLAIN.

I understand that as a volunteer, I am not entitled to employee benefits from Tabitha's House, Inc. such as health or accident insurance, or workmen's compensation benefits. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or claims against me as a volunteer performing my duties as a volunteer. I understand that as a volunteer, I am protected from liability by the Federal Volunteer Protection Act as long as I am performing my assigned duties or tasks, not acting in a grossly negligent manner, or operating a motor vehicle. Should damages or injuries occur while I am operating a motor vehicle during the course of my volunteer duties, I understand that I accept any and all responsibility for damages to my vehicle, others property as well as injury to myself, passengers in the vehicle with me, or other motorist or passengers involved. I release Tabitha's House, Inc. from any liability or responsibility for damages to my property or the property of others in the event of an accident involving my vehicle or others. I furthermore release Tabitha's House, Inc. from any liability or responsibility in the event of injuries to myself, passengers or others involved. Tabitha's House, Inc. reserves the right to use any photograph(s)/videography taken on Tabitha's House, Inc. property or at any event that we participate in or host.

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 signing, I am also stating that I do not have a record of any criminal convictions that would adversely affect my capacity and ability to provide care, safety, or security to the clients of Tabitha's House, Inc. I agree to allow Tabitha's House, Inc. to perform all necessary related background checks as needed.

Signature _____ Date _____

For Personnel Department only

Remarks _____

Report by _____

Additional Documentation Required:

Drug Screen DMV Records Reference Verification Criminal/ Background Records E-verify