

# VOLUNTEER APPLICATION

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International House  
429 E. Dupont Rd. #151  
Fort Wayne, IN 46825  
Phone: (260) 437-7988  
Email: ann@ihouse.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: • Single • Married

Occupation: \_\_\_\_\_ • Divorced • Widowed

Application Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Missions Experience:  
(Long-term and short-term) \_\_\_\_\_

Educational Experience: \_\_\_\_\_

Skills I would like to share: \_\_\_\_\_

My hobbies are \_\_\_\_\_

Are you a personal disciple of Jesus Christ, believing salvation is only through Him, according to 1 Timothy 2:5? If so, please describe your salvation experience. \_\_\_\_\_

Do you attend church regularly?  No  
If so, what church?  Yes \_\_\_\_\_

Are you involved in any local ministry? If so, describe: \_\_\_\_\_

Why would you like to volunteer with International House? \_\_\_\_\_

## **PERSONAL REFERENCES**

(Not former employers, relatives, or International House Workers)

**Reference #1**

**Reference #2**

Name: _____	Name: _____
Address: _____	Address: _____
State:          Zip	State:          Zip
City: _____	City: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Relationship: _____	Relationship: _____

## **BACKGROUND CHECK**

**Please enter your name and address as listed on your Driver's License**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- |   |  |
|---|--|
| 1. Do you use illegal drugs?  | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Have you ever been convicted of a felony in any U.S. state or foreign country?                   | <input type="radio"/> Yes <input type="radio"/> No |
| 3. In the past three years have you been at fault for any accidents?                                | <input type="radio"/> Yes <input type="radio"/> No |
| 4. In the past three years have you had any moving traffic violations?                              | <input type="radio"/> Yes <input type="radio"/> No |
| 5. In the past three years, has any company canceled or refused to provide you with auto insurance? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. In the past three years have you had your driver's license revoked, suspended, or restricted?    | <input type="radio"/> Yes <input type="radio"/> No |
| 7. In the past three years have you had any physical impairment other than corrective lenses?       | <input type="radio"/> Yes <input type="radio"/> No |
| 8. In the past three years have you ever been charged with or convicted of DWI or DUI?              | <input type="radio"/> Yes <input type="radio"/> No |

**If you answered "yes" to any of these questions, please give full details below.**

I give International House permission to purchase a copy of my driving record and to verify my insurance coverage if needed and to run a criminal background check.  Yes     No

Driver's License Number _____	Class: _____	Restrictions: _____
Issuing State: _____	Issued Date: _____	Exp. Date: _____
Signature: _____		Today's Date: _____