DOORS TO FREEDOM

Volunteer Application

Application Process

To apply for a volunteer position at Doors to Freedom, please submit your completed application along with your cover letter and resumé.

Brief Cover Letter: This should include why you would like to volunteer for Doors to Freedom and why you are interested in the indicated service opportunity.

Email to: info@doorstofreedom.com
Mail to: 1605 Central Avenue, Suite 6, #315, Summerville, SC 29483

Volunteer Application

The purpose of this application is to help Doors to Freedom provide a safe and secure environment for the young ladies under our care, as well as to place volunteers in positions they are best suited for by virtue of their giftings, experience, and life history.

Name: _____
                Last   First   Middle

_____
Address:

_____
        City   State   Zip Code

Telephone Number:

_____   _____   _____
        Home   Cell   Work

Email: _____ Preferred method of contact? _____

DOB: _____ Last 4 digits of Social Security Number _____

Driver's License Number: _____ State _____

Occupation: _____

How did you hear about Doors to Freedom? _____

Are you authorized to work in the United States? _____ Yes _____ No

Area(s) of interest to volunteer: __ Meal Prep __ Tutor __ Life Skills __Faithful Presence

__Host an Awareness Event __Annual Fundraising Event __ Other (please explain)

_____

Date you would be available to begin: _____

Days & times you are available to volunteer: (Circle all that apply.)

     Mon.   Tues.   Wed.   Thurs.   Fri.   Sat.

     Mornings   Afternoons   Evenings   Specific Times: _____

Education: Please list the highest level of education attained, year of graduation, and major/minor: (required to tutor students)

_____
_____
_____

Special Skills: List any special skills relevant to the position you are applying for:

_____
_____
_____

Foreign Languages: Any other languages you speak? On what level (fluent, conversational, beginner)?

_____

Work Experience:

1. _____
       Employer/Company   Position   Dates

    _____
       Company Address   Telephone Number

2. _____
       Employer/Company   Position   Dates

    _____
       Company Address   Telephone Number

3. _____
       Employer/Company   Position   Dates

    _____
       Company Address   Telephone Number

Have you used any illegal drugs within the last 6 months? _____ Yes _____ No
If YES, please explain:

_____

_____

_____

Have you ever been convicted of a violent crime (including but not limited to sexual crimes) within the last 10 years? _____ Yes _____ No

If YES, please explain:

_____

_____

_____

_____

References: Please list 3 references that are not related to you. Include a former employer or professor/teacher.

1. _____ _____ _____
             Name   Relationship   How long?

   _____ _____
            Email Address   Telephone Number

2. _____ _____ _____
             Name   Relationship   How long?

   _____ _____
            Email Address   Telephone Number

3. _____ _____ _____
             Name   Relationship   How long?

   _____ _____
            Email Address   Telephone Number

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any important information (including opinions) they may have regarding my character and fitness for working with Doors to Freedom. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Doors to Freedom from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. I understand that any position or offer of a position is dependent upon the results of a background check. I further understand that I have no right to a position and that my position may be terminated immediately without cause and without notice at the sole discretion of Doors to Freedom.

I, as an applicant for Doors to Freedom, understand and consent to the use of my name, date of birth, and social security number to be submitted to the appropriate law enforcement agency for a background check, pursuant to Doors to freedom policies.

Should my application be accepted, I agree to be bound by the bylaws and policies of Doors to Freedom.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

_____
Signature   Print Name   Date

_____**DO NOT WRITE BELOW THIS LINE**_____

Date of Approval: _____

Signature of Staff Member: _____

Volunteer position: _____

Start Date: _____