



Volunteer Application

Please mail or fax application using the information listed below:

Essential2Life
Attention: Volunteer Department
PO BOX 620053
Atlanta, GA , 30362
Fax: 404.888.4504

We appreciate your interest in Essential. We believe it is our responsibility to seek a volunteer staff that is able to provide safe, healthy and nurturing relationships, especially in our work with children. We have developed this application as a way to evaluate the experience and skills of our volunteers. Please complete this application and return it to our offices. Upon receiving your application, we will contact you regarding available volunteer opportunities.

Personal Information

 First Name Last Name

 Address City State Zip Code

 Date of Birth Social Security Number

 Home Number Work Number Cell Number

 Email Address

 Best time of day to be reached?

 Employer

 Occupation

Please circle the appropriate answer

Work Status: Part-time Full-time Student Retired
Marital Status: Single Married Widowed Divorced

Education

School attended	Dates of Study	Program/ Degree

Lifestyle/Legal Concerns

Please check the appropriate box in answer to the following questions.

	Yes	No
Have you ever been accused of and/or convicted of child abuse or a crime involving actual or attempted molestation of a minor?		
Have you used any tobacco products in the past 6 months?		
Have you used any illegal drugs in the past 6 months?		
Have you consumed any alcoholic beverages in the last 6 months?		
Have you ever gone through treatment for alcohol or drug abuse?		
Have you ever participated in the use of pornography?		
Have you ever been verbally, sexually or physically abused?		
Are you willing to be fingerprinted for State Criminal Conviction Clearing		



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Please briefly explain why you would like to be a part of the *Essential Volunteer Program*.

Please list any special training or skills that might prove useful at *Essential*.

Please list any limitations or conditions preventing you from performing certain types of activities relating to the Volunteer Program.

Please check all areas in which you would like to be involved.

Leadership Mentor

Leadership Program Facilitator

Leadership Program Leader

Graphic Design Instructor

Web Design Instructor

Film and Video Production Instructor

Grant-writer/Development

Office Staff



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Cont'd

Availability: Please check the days and times you would be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning						
Afternoon						

Personal References

Please list three references that you have known for at least 3 years. Relatives may not be used.

Name	Years Known	Home/Business Address	Home/Business Phone	Relationship
1.				
2.				
3.				
3.				