



Volunteer Application

This application is to be completed by all applicants for any position within Children's Lantern.

Please Print

Name: _____
First MI Last

Address: _____
City State Zip

Phone: _____ Home/Cell/Work Text: Yes/No

E-Mail: _____

Marital Status: _____ Birthdate: _____ Age: _____ Sex: Male/Female

Present Employer: _____ Full-Time/Part-Time

Shift: _____ Employers phone number: _____

Best Day(s) to volunteer: Mon Tues Wed Thurs Fri Sat Sun

What section of Children's Lantern are you most interested in volunteering? (Check all that apply)

- Foster Care Feeding Children Freeing Sex Slaves Funding Adoption
Events General Prayer Committee Awareness & Community Education

What training or experience do you have which might be useful in volunteering?

Have you ever been convicted of a criminal offense? Yes No (If yes please explain)

Do you have any physical or mental disabilities or conditions that would limit you from performing certain activities without reasonable accommodation? Yes No (If yes please explain)

The information in this application is correct to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Should my application be accepted, I agree to behave as an advocate for Children's Lantern.

Signature: _____ Date: _____

Print: _____



Background Check Information Release Form

Name: _____

First _____ MI _____ Last _____

Address: _____

City _____ State _____ Zip _____

Sex: _____ Social Security Number: _____

I understand, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in my disqualification or removal if discovered at a later date.

Should my application be accepted, I agree to behave as an advocate for Children's Lantern.

I understand, in consideration of my application, a criminal background check will be conducted. I authorize and release to Children's Lantern, Inc., and its agents, all information necessary to complete my background check.

Signature: _____ Date: _____

Print: _____