

Volunteer Application  
10/2021



Full Legal Name

DOB

Email

Phone Number

Do we have permission to contact you via text and email using the information you provided?

Gender Identity

Social Security Number

Current Address

How long have you lived at this address?

Tell us what languages you speak:

Emergency Contact Name

Emergency Contact Number

Emergency Contact's Language Preference

Have you ever been convicted of a crime (felony or misdemeanor) in the United States?

Please list the date(s) of your conviction(s) along with the city and state where you were convicted.

Have you at any time been the subject of an investigation by Child Protective Services (CPS) through the Department of Family and Children Services (DFCS)?

If you selected "Yes," please use the space below to provide details such as date, subject of the investigation, and/or case disposition:

Are you employed?

Current Employer's Name and Address

How long have you worked with your current employer?

Current Employer's Phone Number

Current Supervisor

**Volunteers must be over the age of 18 and have graduated and/or ceased attending high school.**

Are you currently a student attending a college and/or university?

Current School

Major

Please select all days you would be available to volunteer at The GreenHouse CAC/SAC:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday



Criminal Records Consent and Code of Conduct Agreement

I hereby authorize The GreenHouse CAC/SAC to receive any criminal record pertaining to me which may be in files of any state and local criminal justice agency in Georgia using the information provided in this application which is being submitted voluntarily. Furthermore, I hereby authorize The GreenHouse CAC/SAC to receive any criminal record pertaining to me which may be in the files of any federal criminal justice agency in the United States of America using the information provided in this application which is being submitted voluntarily.

I waive my right to privacy in relation to any and all current and previous cases opened involving me with the Department of Family and Children's Services in Georgia, understanding this constitutes a full waiver of my rights under **Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.**

Applicant's Full Legal Name

Applicant's DOB

Applicant's Address

Applicant's SSN

Applicant's Signature

Date

By signing below, you agree to follow and adhere to the latest version of The GreenHouse CAC/SAC's Policies and Procedures, understanding and following the same bounds of confidentiality, ethics, and professional conduct as The GreenHouse CAC/SAC staff and Board of Directors. You also agree to complete volunteer training prior to any client contact (not applicable for general volunteers).

Applicant Signature

Date