



A life of possibilities for people with intellectual disabilities.

Individual Volunteer Application

Volunteer Contact Information

Last Name		First Name		Middle Initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City		State	ZIP
Mailing Address (If different)		City		State	ZIP
Home Phone	Work Phone	Cell Phone	E-mail	Alternate E-mail	

Emergency Contact Information for Volunteer

Last Name		First Name		Relationship	
Street Address		City		State	ZIP
Home Phone	Work Phone	Cell Phone			

Volunteer Employer Information

Name of Employer		Occupation			
Street Address		City		State	ZIP

Volunteer Experience/Interest

Briefly describe your past volunteer experience. List the organization's name and your duties.
Briefly describe the volunteer services and interest areas you would like to offer at Mosaic.

Availability (Check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Application continues on other side.

References

Last Name	First Name	Relationship	Phone	
Mailing Address		City	State	ZIP
Last Name	First Name	Relationship	Phone	
Mailing Address		City	State	ZIP

Disclosures

Have you ever been convicted of a felony? _____ No _____ Yes	Have law enforcement or child protective services ever investigated, accused, charged, confirmed or validated abuse, neglect or assault allegations against you? _____ No _____ Yes
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Permission for Mosaic to Conduct Background Check

I understand that I do not have to consent to a background check, but that refusal to do so may exclude me from consideration for volunteer work with Mosaic. I understand that any information collected will be limited to what is necessary and appropriate for me to perform the volunteer service to which I am applying and that all information will be kept confidential.

I understand that background information collected by Mosaic may include any or all of the following:

- reference checks
- driving record
- abuse/neglect registries
- fingerprint check
- criminal record
- employment/volunteer record
- sex offender registries

I authorize Mosaic and its agencies to collect whatever information from whatever sources is deemed necessary for me to perform the volunteer services to which I apply. If my application is denied for any reasons due to this background investigation, I have the right to know the source and content of the information that caused the denial.

Applicant Signature	<input type="checkbox"/> I consent to background check	<input type="checkbox"/> I do not consent to background check
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Background Check Information (Use additional sheets if necessary.)

Date of Birth	Social Security Number	Driver's License Number and State
Other names used in the past:		
Other addresses in the past ten years:		
First and last names of children who have lived with me in the past ten years:		
Please attach a photocopy of your current driver's license for background and insurance purposes.		Ethnicity (for background and reporting purposes):

Certification

I affirm that all information provided on this application is true and complete.	
Applicant Signature	Date