APPLICATION TO VOLUNTEER AT HARVEST HOUSE

Name Below:				Date/	//
Last		First			
Social Security #					
Address: Street		City			
State Zipc	ode				
Birth Date/Ho	w did yo	u hear about Harve	est House?		
Do you have transportation: Yes	No				
Email Address					
Have you ever been guilty or no con	test to, o	r convicted of a cri	me?	Yes_	No
Would you be willing to submit to di	rug testin	g?		Yes_	No
If yes, please provide date(s) and de	tails				
Starting with your most rece	nt emplo	yee or volunteer po	osition, plea	se provide	
the following information:					
Employer			Phone #		
Address					
Job Title					
Date Started: Month					
What were your responsibilities?					
What did you like most ?					
What did you like least?					
May we contact for reference? Yes _					
Next most recent employe	ee or vo	olunteer position.	please pro	ovide the	following
information:		,			0
Employer		Phone #			
Address					
Job Title	Immed	iate Supervisor			
Date Started: Month					
What were your responsibilities?					
What did you like most ?					
What did you like least?					
What did you like least? May we contact for reference? Yes _	N	0			
I understand that all information is		•			g out this
application does not constitute an a	greement	t to volunteer at Ha	arvest House	2.	
Signature of Applicant:			Date		

03/08/2020 MC