



LEAVEN
Turning Hardship Into Hope

OUR MISSION: LEAVEN STABILIZES AND EMPOWERS PEOPLE IN FINANCIAL CRISIS BY PROVIDING FINANCIAL ASSISTANCE, RESOURCE COORDINATION , AND CASE MANAGEMENT TO ADDRESS NEAR-TERM AND LONG-TERM BASIC NEEDS.

VOLUNTEER APPLICATION

(Volunteers must be 18 years old or older)

Please print clearly. Form continues on back.

Name: _____ DOB: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: _____ Home Phone (if applicable): _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

How did you find out about LEAVEN? _____

If employed, please describe your present position. If retired, describe your most recent occupation:

List previous and present volunteer experience: _____

List any special skills, trainings or interests you have that may benefit LEAVEN: _____

What do you expect to gain from volunteering with LEAVEN?

Please indicate 2 or 3 qualities you feel you can bring to a volunteer role at LEAVEN: _____

Can you communicate in any languages besides English? _____

LEAVEN Volunteer Roles

Check all you are interested in:

- Reception / Concierge
 Accounting
 Records
 Caseworker
 Interviewer

Availability

LEAVEN Volunteers are asked to commit to one shift per week, unless serving as a substitute. Please list your availability.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 12:00					
10:00 – 1:00					
12:00 – 3:00					
1:00 – 4:00					
4:00 – 8:00		N/A	N/A	N/A	N/A
5:00 – 8:00		N/A	N/A	N/A	N/A

- Regular Shift** (1 time per week)
 Substitute (various days, multiple times/month)
 Temporary (limited time only)
 Uncertain

References

Name: _____ **Phone Number:** _____ **Relationship:** _____

1: _____

2: _____

I CERTIFY that the answers provided are true and complete to the best of my knowledge and authorize investigation of all statements contained in this application. I further understand that LEAVEN, Inc. is not obligated to accept me into their volunteer program and that if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application(s) or interview(s) may result in discharge at any time. I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside of my official duties at LEAVEN.

I agree to the terms listed above

Signature: _____ **Date:** _____

Office use only

Interview Date _____

Background Check Complete _____

LEAVEN Notes: