

Holy Trinity Episcopal Church & School

Volunteer Application

Instructions: Please complete all of the questions accurately and fully. Attach additional sheets if needed.

Today's Date: _____

Name: _____

Street address: _____ Driver License: State ____ Number _____

City: _____ State: _____ Zip: _____ How long at current address: _____

Phone: Home (____) _____ Work (____) _____

Best Time to Contact You: _____ E-Mail Address: _____

Are you legally eligible to work in this country?
 Yes No

Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

Please list your addresses in the past five years: _____

For what position are you applying? _____
 What interests you about the position for which you are currently applying? _____

What has prepared you for the position for which you are currently applying? _____

Employment history- Please complete for your prior employers, covering the past ten years.

Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___		Please Attach Resume		
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

Volunteer experience

Organization	Duties	Dates	Contact	Phone

Educational history

Name of School	Address (City, State Zip)	Type of School	Name of Program or Degree	Program completed?

References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Relationship to You
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? _____

If yes, please explain. _____

Holy Trinity Episcopal Church & School

Acknowledgment, Release and Signature for Inclusion in Application or with Church Deployment Office Form

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize Holy Trinity Episcopal Church & School to request and receive such information.

*If hired or chosen, I agree to be bound by Holy Trinity Church & School policies and procedures, including but not limited to its **Policies for the Prevention of Sexual Exploitation of Adults, Prevention of Child Abuse and Code of Conduct for Persons Having Pastoral Relationships**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of Holy Trinity Episcopal Church & School and without prior notice to me.*

I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause and without prior notice at the option of Holy Trinity Episcopal Church & School or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and Holy Trinity Episcopal Church & School for employment, volunteering or the providing of any benefit.

I have read and understand the above provisions.

Signature _____

Date _____

Print Name _____

Florida

Items marked with an * are required.

APPLICANT NAME

prefix	first name *	middle name
<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>
last name *	suffix	
<input type="text"/>	<input type="text" value="v"/>	

APPLICANT ALIAS OR MAIDEN NAME

prefix	first name	middle name
<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>
last name	suffix	
<input type="text"/>	<input type="text" value="v"/>	

+ Add Alias (up to 5)

*Please Provide Attachment with any additional aliases

HOME ADDRESS

number *	direction	street name *
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
unit designator		
<input type="text" value="v"/>		
country *		city *
<input type="text" value="v"/>		<input type="text"/>
state *	zip code *	
<input type="text" value="v"/>	<input type="text"/>	

METHODS OF CONTACT

Please enter the phone number and email address for the individual being fingerprinted. The phone number and email address will be used to contact the individual in the event of an Appointment Cancellation or Reschedule, a need for Reprinting or if issues occur with the Payment Method. We do not sell or share contact information.

phone 1 *	phone 1 type *	phone 2	phone 2 type
<input type="text" value="###-###-####"/>	<input type="text" value="v"/>	<input type="text" value="###-###-####"/>	<input type="text" value="v"/>

email *

confirm email *

preferred contact method	preferred contact time
<input type="text" value="v"/>	<input type="text" value="v"/>

contact notes/instructions



Yes, please email me educational materials, special offers and information about other Identogo products and services.

APPLICANT DEMOGRAPHIC DATA

date of birth *	gender *	height *	*	weight *
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="v"/>	<input type="text" value="ft. v"/>	<input type="text" value="in. v"/>	<input type="text" value="lbs."/>

race *

hair color *	eye color *	place of birth *
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

citizen country *	social security number
<input type="text" value="United States v"/>	<input type="text" value="***-**-****"/>

driver's license/state id number *	license/id state *
<input type="text"/>	<input type="text" value="v"/>

APPLICANT EMPLOYER INFORMATION

employer name

employer phone

number

2201

direction



street name

Spring Lake Road

apt/unit #

country

United States



employer city

Fruitland Park

state

Florida



employer zip

34731

Thank you! Please return this form with your application to the Holy Trinity Episcopal School Office or to strees@htepiscopalschool.org

Submit 

If you have any questions with the website, please call (800) 528-1358.

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