

VOLUNTEER APPLICATION

ASLAN YOUTH MINISTRIES

65 West Front Street ♦ P.O. Box 270, Red Bank, NJ 07701

Voice: (732) 741-7824 ♦ fax: (732) 741-3284

(Please Print)

Date: _____

Name: _____

Miss__ Ms.__ Mrs.__ Mr.__

Address: _____
(Number and Street)

Home Phone: _____

(City, State, Zip)

Work Phone: _____

Social Security #: _____

Date of Birth: _____

Email Address _____

New Jersey Driver's License #: _____ (This information is
REQUIRED by our insurance company as you will be transporting a young
person in your vehicle.)

Occupation/Job Title: _____

Employer: _____ How Long? _____

Address: _____ Phone #: _____

Education & Major Fields of Study:

Volunteer Experience & Dates of Service:

Current Civic/Fraternal/Service Organizations, clubs, etc. and role you serve:

Interests, skills, hobbies:

Foreign Languages: _____
(Specify) Speak Read Write

Are you either a U.S. citizen or an alien authorized to work in the United States? _____
Yes / No

Have you ever been convicted of a crime (Other than a Motor Vehicle Violation)? _____
Yes / No

If "yes", please explain: _____

(Conviction will not necessarily disqualify an applicant from volunteer service.
A "yes" answer will not immediately prohibit you from volunteering).

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Supplement Sheet for Addresses

In the event that you have been living at the address provided, in the previous pages of the Application Form, for less than seven (7) years, it is requested that you furnish the following information as part of the application.

Dates: _____

Address: _____
(Number and Street) (City, State, Zip)

Dates: _____

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(Number and Street) (City, State, Zip)

Dates: _____

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Dates: _____

Address: _____
(Number and Street) (City, State, Zip)

Dates: _____

Address: _____
(Number and Street) (City, State, Zip)

Signature: _____ Date: _____

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**Authorization to Investigate and Verify
Personal Background Information**

READ CAREFULLY BEFORE SIGNING

I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, to give record or information they may have concerning my criminal history, and any other information requested to Personal Security Inc. and/or its agents and representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. In compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

I understand and agree that any misrepresentation or omission made by me regarding my application or any supplement hereto will be sufficient grounds for immediate termination.

Signature: _____ Date: _____

Print Name: _____

THE FORM ABOVE MUST BE SIGNED BY APPLICANT

Complete below if the applicant has lived in any of the following states:

Colorado Georgia Pennsylvania Virginia

I _____ authorize the State of
____ Colorado ____ Georgia ____ Pennsylvania ____ Virginia to release my drive
record to Personnel Security, Inc (PSI) and /or its agent.

Signature: _____ Date: _____