



Covenant House

VOLUNTEER INVOLVEMENT PROGRAM (VIP) APPLICATION

Name _____

Address _____

Telephone _____

Email Address _____

Age if under 18 _____

Complete All That Apply

Occupation _____

Work Phone _____

Employer _____

Address _____

Email Address _____

Education

Name of High School _____

Highest Grade Completed _____

Name of College/University *(if applicable)* _____

Major Course of Study _____

Year of Graduation/Anticipated Graduation _____

Please list special skills, abilities or certificates you possess: (For example, typing speed, foreign languages, certificates, photographic ability, etc.)

Do you have any experience working with children? [] Yes [] No *If yes, please describe*

Please explain why you chose Covenant House Washington as the place to volunteer.

Please provide names and contact information for three references. By providing this information, you are granting Covenant House permission to ask questions related to your ability to perform in a volunteer capacity.

Name Address Telephone Relationship

- 1) -----
- 2) -----
- 3) -----

Have you ever been convicted of a crime? [] Yes [] No *If yes, please explain*

What are your preferred days and hours to volunteer? -----

What date are you available to begin? -----

SIGNATURE----- **DATE**-----

Thank you for your interest in Covenant House Washington

FOR CHW USE ONLY

Application Received -----
 References Checked -----
 Criminal Background Checked -----
 Approved -----