



Office Use Only: / /

# Stepping Stone Coalition Inc.

## VOLUNTEER APPLICATION

Each Stepping Stone Volunteer must complete this form and provide a **Letter of Recommendation** from a Church Pastor or Employer. In addition, each applicant will undergo a **Background Check** and is required to report to the Lake County Sheriff's Office in Tavares for **Fingerprinting** once instructed to do so. When the training/screening has been completed, and the applicant has been confirmed as an approved Volunteer, a link to the Stepping Stone 'Volunteer Spot' Calendar will be sent via email. Each new Volunteer will be assigned to a 'Veteran' until both parties and the Director feel comfortable with various operating policies & procedures. *(All information gathered, will be kept private)*

Contact Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Home Address: \_\_\_\_\_  
                   House/Apt. #                      Street                      City                      State                      Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.  
 E-mail \_\_\_\_\_

Church Name: \_\_\_\_\_ Clergy Name \_\_\_\_\_.

Church Address: \_\_\_\_\_  
                   Building #                      Street                      City                      State                      Zip Code

Church Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. Clergy Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.  
 E-mail: \_\_\_\_\_

Reference Information:

Reference #1: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. Relationship: \_\_\_\_\_

Reference #2: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. Relationship: \_\_\_\_\_

Safety Information:

Primary Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

In the space below, please list any and all incidents that may disqualify you from Stepping Stone. If none, write none.

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Verification #:	<u>Office Use Only:</u>	Date Received:    /    /	Approved:
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Agreement & Signature

I, \_\_\_\_\_, do hereby affirm that all information listed above is current and accurate. If it is discovered I withheld or gave inaccurate or false information it will result in my inability to participate in any given activity. It is my responsibility to inform Stepping Stone Coalition if any information should change. It is also vital that I communicate with Stepping Stone staff if I feel conflicted or if my character has been compromised in any way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_