



SYNERGY SERVICES

Synergy House • SafeHaven • STOP Violence

VOLUNTEER APPLICATION

Please type or print.

Name _____ Date: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Email: _____ Date of Birth _____

Cell: _____

Work Phone _____ Social Security No. _____

May we call you at work? Yes No

Occupation _____ Employer _____

Business Address _____

Educational Background _____

Community Affiliations, Clubs _____

Previous Volunteer Experience _____

Skills, Special Interests _____

In case of emergency, please contact: (name, address, and phone number.)

1. _____

2. (Physician) _____

Personal References, not relatives:

1. _____	_____	_____	_____	_____
Name	Address	City	State	Zip

2. _____	_____	_____	_____	_____
Name	Address	City	State	Zip

I authorize Synergy Services, Inc. to contact the above individuals for a character reference.

Signature _____ Date: _____

Are you interested in volunteer work that involves direct interaction with our clients or their children, or teens?

Yes

No

Maybe

Please describe your volunteer interest in more detail: _____

Approximately how many hours per week or month are you interested in volunteering?

_____ per week or _____ per month

When are you available? (Circle all that apply.)

Weekdays

Weekday evenings

Weekends

How did you hear about us? _____

Are you interested in assisting with special events? This will be a sporadic need.

Yes

No

Are you interested in clerical work? This need is a continuous.

Yes

No

I ATTEST THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE.

Signature _____ Date _____

***PLEASE NOTE: CRIMINAL RECORDS CHECK WITH MISSOURI AND KANSAS ARE ROUTINELY PROCESSED FOR ALL VOLUNTEERS. THE STATE BILLS SYNERGY SERVICES, AND WE APPRECIATE YOUR CHECK FOR \$20.00 TO COVER THE COST.**

Please mail completed forms to:

**Synergy Services, Inc.
Shirley Troupe
Volunteer Services Manager
400 E. 6th Street
Parkville, MO 64152
Phone 816 505.4815
Fax 816. 455.3711
stroupe@synergyservices.org**