



STRONG Families Volunteer Application

Name _____ Date of Birth _____

Male Female Language(s) spoken English Spanish Other _____

Address _____

Email _____

Telephone _____ Mobile Work Landline

Race American Indian/Alaska Native Asian Black or African American

2 or more races White/Caucasian Native Hawaiian/Pacific Islander

Native American Other

Ethnicity Hispanic Non-Hispanic No Response

Religion: _____ Church Attending: _____

SPOUSE INFORMATION

Name _____ Date of Birth _____

Male Female Language(s) spoken English Spanish Other _____

Address _____

Email _____

Telephone _____ Mobile Work Landline

Race American Indian/Alaska Native Asian Black or African American

2 or more races White/Caucasian Native Hawaiian/Pacific Islander

Native American Other

Ethnicity Hispanic Non-Hispanic No Response

Religion: _____ Church Attending: _____

OTHER HOUSEHOLD MEMBERS

Please tell us about anyone else that lives in your home.

Name _____ Date of Birth _____

Male Female Relation to you: _____

If over 18, will they be supervising children during a hosting? Yes No

Name _____ Date of Birth _____

Male Female Relation to you: _____

If over 18, will they be supervising children during a hosting? Yes No

Name _____ Date of Birth _____

Male Female Relation to you: _____

If over 18, will they be supervising children during a hosting? Yes No

Name _____ Date of Birth _____

Male Female Relation to you: _____

If over 18, will they be supervising children during a hosting? Yes No

Name _____ Date of Birth _____

Male Female Relation to you: _____

If over 18, will they be supervising children during a hosting? Yes No

Name _____ Date of Birth _____

Male Female Relation to you: _____

If over 18, will they be supervising children during a hosting? Yes No

VOLUNTEERING INTEREST

How Did You Hear About STRONG Families? _____

What role(s) are you interested in? Host Family Family Friend Ministry Support

What interests you about volunteering in this role, or roles? _____

What life experiences, skills, interests, volunteer work, and professional expertise do you have that will help you in this role: _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone number _____

Email address _____

REFERENCES

Please provide 3 people that know you, and your spouse if applicable, that we may request a reference from. They should not live in your home, no more than one should be related to you or your spouse, and no two references should reside in the same residence or work for the same employer. A reference from your pastor or church leader will be requested as well on our Statement of Faith.

Name _____ Phone number _____

Email address _____

Name _____ Phone number _____

Email address _____

Name _____ Phone number _____

Email address _____

- I confirm that these individuals can each be contacted for a reference on my/our suitability for this role.
- I confirm that these individuals are independent from one another.
- I confirm that not all three individuals work closely together.

BACKGROUND INFORMATION

I have have not ever been charged or convicted in relation to any criminal offense.
My spouse has has not ever been charged or convicted in relation to any criminal offense.

I have have not been involved with a child abuse/neglect investigation.
My spouse has has not been involved with a child abuse/neglect investigation.

I have have not ever had a substance abuse or alcohol problem.
My spouse has has not ever had a substance abuse or alcohol problem.

I have have not sought professional mental health services.
My spouse has has not sought professional mental health services.

I have do not have a health concern that might impact my ability to volunteer.
My spouse has has not a health concern that might impact his/her ability to volunteer.