



# Volunteer Application

Please complete using ink or type-be sure your answers are legible. Answer all questions or indicate N/A if not applicable.  
Email completed application to [info@thefurnaceteencenter.org](mailto:info@thefurnaceteencenter.org).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ Preferred Method of Contact:  Phone  Email

What volunteer opportunities are you interested in (Select all that apply):

Workshops  Tutoring  Administrative Support  Special Events  Other \_\_\_\_\_

Are you required to complete volunteer hours for any of the following reasons?

Court Ordered.

How many hours are required/ needed: \_\_\_\_\_

Name of Probation Officer: \_\_\_\_\_

Phone Number of Probation Officer: \_\_\_\_\_

School Requirement.

Please list school: \_\_\_\_\_

How many hours are required/ needed: \_\_\_\_\_

Please list any specific program (ex: service learning): \_\_\_\_\_

Other. Please Explain: \_\_\_\_\_

Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?  Yes  No

If yes, state when, where, and the nature of such conviction: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

1) Reference Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

2) Reference Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

3) Reference Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

1. Why are you interested in volunteering with The Furnace Teen Center?

2. How did you hear about volunteer opportunities with The Furnace Teen Center?:

3. What skills, talents, and/or expertise do you possess that you would like to contribute to The Furnace Teen Center?

4. What types of projects and/or responsibilities are you interested in volunteering your efforts?

5. What would you like to learn/gain from you're the Furnace Teen Center volunteer experience?

6. Schedule Availability

How many hours are you willing to commit to you're the Furnace Teen Center volunteer experience?

\_\_\_\_\_ hours       per day     per week     per month

Monday    Tuesday    Wednesday    Thursday    Friday    Weekend    Mornings    Afternoon    Evenings

7. Current Status

Employed     Retired     Student     Other, please specify: \_\_\_\_\_

Name of Company/School/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Title/Position/Grade: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_

May we contact your Supervisor/Teacher as a reference?     Yes     No

Do you have any medical conditions you feel we should know about?     Yes     No

If yes, please explain: \_\_\_\_\_

8. The Furnace Moral Guidelines

Our innovative includes various programs to offer a holistic learning experience. We understand that education should go beyond textbooks and exams. Our programs are designed to nurture not only cognitive skills but also emotional intelligence, creativity, and spiritual and personal growth while holding true to biblical morale and standards.

I understand and will comply

9. Additional Information

Please provide any additional information you think would be helpful and relevant for The Furnace Teen Center to know about you to support you in having a meaningful volunteer experience with us. Also, please share any questions or concerns you would like addressed.

10. Signature

*I hereby give my authorization to release any information requested concerning me, to The Furnace Teen Center. My signature below is to verify that the information I have provided above is true and correct to the best of my knowledge. I understand there will be additional steps I will need to complete (e.g., fingerprinting and background check, training, etc.) before I can become a volunteer with The Furnace Teen Center, depending on the responsibilities assigned to me.*

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

**For The Furnace Teen Center Office Use Only:**

- |  |                                       |                      |
|--|---------------------------------------|----------------------|
| <input type="checkbox"/> Orientation                   | Date Attended: ____/____/____         | Staff Initials: ____ |
| <input type="checkbox"/> Volunteer Application         | Date Received: ____/____/____         | Staff Initials: ____ |
| <input type="checkbox"/> Volunteer Select Consent Form | Date Received: ____/____/____         | Staff Initials: ____ |
| <input type="checkbox"/> Interview – Scheduled         | Date of Interview: ____/____/____     | Staff Initials: ____ |
| <input type="checkbox"/> Interview – Completed         | Date Interviewed: ____/____/____      | Staff Initials: ____ |
| <input type="checkbox"/> Picture ID                    | Date Reviewed: ____/____/____         | Staff Initials: ____ |
| <input type="checkbox"/> Assignment Received           | Assignment: _____                     | Staff Initials: ____ |
| <input type="checkbox"/> Start Date Arranged           | Start Date: ____/____/____            | Staff Initials: ____ |
| <input type="checkbox"/> Training                      | Date of Participation: ____/____/____ | Staff Initials: ____ |
| <input type="checkbox"/> End Date                      | End Date: ____/____/____              | Staff Initials: ____ |
| <input type="checkbox"/> Evaluation                    | Date Completed: ____/____/____        | Staff Initials: ____ |

Comments:



## VOLUNTEER IDENTIFICATION RECORD

The Furnace Teen Center requests to obtain certain information from volunteers to assist in tracking trends in volunteer demographics. This form is used to provide each volunteer with an opportunity to furnish such information *voluntarily*. All information that is provided voluntarily will be used only for legally permissible purposes. Further, such information will be kept separate from the volunteer application. The Furnace Teen Center is an equal employment opportunity organization and does not discriminate because of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, age, marital status, physical handicap, mental condition, or any other characteristic protected by federal or state law.

### VOLUNTEER SURVEY

PROGRAM VOLUNTEER  
 PARENT

BOARD MEMBER  
 SPECIAL EVENT

ADVISORY COUNCIL

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I agree to supply the requested information: \_\_\_\_\_  
Signature

I **do not** agree to supply the requested information: \_\_\_\_\_  
Signature

Male  Female

**ETHNIC ORIGIN** - Please check the appropriate box:

- BLACK (Not of Hispanic origin)  
All persons having origins in any of the Black racial groups of Africa.
- WHITE (Not of Hispanic origin)  
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ASIAN or PACIFIC ISLANDERS  
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- HISPANIC  
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- AMERICAN INDIAN or ALASKAN NATIVE  
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER (Please Specify) \_\_\_\_\_

Please check if any of the following are applicable:

VIETNAM ERA VETERAN

DISABLED VETERAN

DISABLED INDIVIDUAL