

Application for Position as Homeless Shelter Coordinator
Lafayette Urban Ministry
(Confidential)

PERSONAL INFORMATION

NAME: _____

Address: _____

City State Zip Phone

Date of Birth: _____ Social Security Number: _____

Current or past volunteer experience:

Agency Name Supervisor's Name Phone

(1) _____

(2) _____

Current or Past Employer Name/Address/Phone:

(1) _____

(2) _____

Dates of Employment: (1) _____ (2) _____

Do you have any limitations that would prevent you from performing certain types of activities relating to the operation of the shelter? Yes _____ No _____

If yes, please explain: _____

Do you have a current valid driver's license? Yes _____ No _____

State & Number: _____

Have you ever been convicted of a criminal charge? Yes _____ No _____

If you have answered "yes", please give an explanation on the other side of this page, including additional pages if necessary. If you use additional pages, please sign & date each additional page. Please include all pertinent information as to the specific nature and circumstances including any investigation, trial, hearing, treatments, or other procedures related to such matters and the outcome.

(Over, Please)

Lafayette Urban Ministry reserves the right to conduct criminal background checks on volunteers and employees who work with the homeless, children and youth. Your submission of this application constitutes your consent to undergo such checks at any time.

I certify that my answers to the above questions and any explanations that are attached are correct and complete. I consent to disclosure to Lafayette Urban Ministry, its Executive Director and/or Board President of additional information relating to the information disclosed above. I waive and release any claims I might have against any person or organization and Lafayette Urban Ministry and all of its members and representatives relating to such disclosures

Signature: _____

Printed Name: _____

Date: _____