



**M.C.Church Library
Education Centre Corp.**

M.C.Church Library Education Centre Corp.
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Douglasville GA 30133
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www.mcchurchlibrary.com

Volunteer Application

We appreciate your interest in volunteering your time to serve others through M.C.Church Library Education Centre Corporation. We ask that you complete this application for several reasons. First, we need to get to know you a bit to help determine where you might most enjoy volunteering; second, we have a duty to make appropriate placements of those we bring in to work with our clients and beside our staff. For this same reason, most volunteers are required to be fingerprinted for a background check and undergo a TB test as they are placed. This is done for the protection of all clients, visitors, staff members and volunteers.

Please complete all sections of this form to the best of your ability, and call your contact if you have any questions.

Personal Information:

TODAY'S DATE:

Name:		
Address: (City, State, Zip)		
Home Phone:	Cell Phone:	Email Address:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:
Optional Information:	Birth Date (Month & Day Only):	Church Affiliation:

Social Security Number _____

For Volunteer Younger than 18, Only:

Name of your Middle or High School :	What grade are you in?
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Employment Information:

Are you Employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Looking for job <input type="checkbox"/> Retired <input type="checkbox"/> Student Job
Employer Name and Address: (Please check to see if your employer will match your volunteer hours.)	Title:
	Work Phone:
	Work email:

Skills and Interests:

Languages (other than English):
Professional Licensing or Degrees you hold:
Hobbies/Interests/Special Skills:

Background Investigation Authorization

Because the nature of our services requires us to work with vulnerable people, M.C.Church Library Education Centre Corporation Requires volunteers and staff to undergo a background investigation, as a matter of policy

Background Information:

Have you ever been convicted of a criminal Offence?	Yes	No	
Have you ever been charged with neglect, abuse or assault?	Yes	No	
Driver's License Number or State ID:			

References – List two references other than family members whom we might contact

Name:	Address:	Phone Number:	Relationship:
Name:	Address:	Phone number:	Relationship:

Personal Automobile:

Any volunteer who would reasonably be expected to use a personal vehicle during the regular course of M.C.Church Library Education Centre Corp. (Agency) business must provide a valid Georgia driver's license and carry liability insurance minimum of \$25,000 per person and \$50,000 for each accident. Agency business refers to transportation of clients and goods.

I understand volunteers must be at least 18 years old and fulfil all Volunteer Services requirements, including an annual tuberculosis test and proof of immunizations, before placement can occur. I authorize **M.C.Church Library Education Centre Corp.** to write or telephone any references requested and to perform a criminal background check for the purpose of acquiring reference information, and I release **MCCLECC** from any liability based on such releases. I also certify the above information is accurate and complete. I understand that **MCCLECC** may accept volunteers in its sole discretion, and may release a volunteer at any time with or without cause

IRS or Immigration Employment Authorization : Residents Card Copy and Driver's License Copy		
IRS Employee Number		Exp. Date:
Driver's License Number		Exp. Date:

Limitations:

Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of functions? (Example: lifting a certain amount of weight or walking certain distances – Please explain
Allergies: Yes _____ No _____ If YES, please explain to what:
Any information we should be aware of in an emergency:

I hereby certify that the information set forth in this volunteer application is accurate and complete. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application.

Volunteer Signature

Date

Print Name

Volunteer Emergency Information

Who should we contact in the event there is an emergency?

Emergency Contact:	
Relationship to you:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Alt. Emergency Contact:	
Relationship to you:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Name of Volunteer: _____

Thank you for your interest in M.C.Church Library Education Centre Corp

Please give details of four referees.

Please note – referees can be employers or college tutors (for example) but should not be a relative. You need to have known them for over 48 months.

1: Full Name _____
Full Address _____ **City** _____ **GA** _____
Phone _____ **Cell** _____
E-mail Address _____
 Relationship to you: _____

2: Full Name _____
Full Address _____ **City** _____ **GA** _____
Phone _____ **Cell** _____
E-mail Address _____
 Relationship to you: _____

3: Full Name _____
Full Address _____ **City** _____ **GA** _____
Phone _____ **Cell** _____
E-mail Address _____
 Relationship to you: _____

4: Full Name _____
Full Address _____ **City** _____ **GA** _____
Phone _____ **Cell** _____
E-mail Address _____
 Relationship to you: _____

• Age Group

Under 18	56 – 65
19 – 25	66 +
36 – 45	
46 – 55	

• What is your ethnic group? (Grouping is based on the categories used in the appropriate box to indicate your cultural background.)

a) White
 British
 Irish
 Any other White background

b) Mixed
 White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background

c) Asian or Asian British
 Indian
 Pakistani
 Bangladeshi
 Any other Asian background

d) Black or Black British
 Caribbean
 African
 Any other Black background

e) Chinese or other ethnic group
 Chinese
 Any other

Signature: _____ Date: _____

Authorized representative use's only for interview

**Authorized representative of organization well need the flowing information from
In other to us process your Volunteer application:**

- 1. Resume check**
- 2. Immigration Employer Authorization check**
- 3. Background Investigation Authorization check**
- 4. criminal background check /**
- 5. Fingerprints check**
- 6. Passport / green card check**

Authorized representative of organization blank space for the jobs interview question

- 1. Question**
- 2. Question**
- 3. Question**
- 4. question**

Welcome to M.C.CHURCH LIBRARY EDUCATION CENTRE CORP.

Higher Date _____ Time _____

Signature: _____ position higher for _____

MCCLECC, Representative Use's Only by Managements Higher

MCCLECC, Authorized Representative Full Name Print: _____

Signature: _____ Department _____