



**Adult Services
Long Term Volunteer Application**

Name: _____

Address: _____

Phone: _____ Email: _____

School or Church Affiliation (if applicable):

Interests/ areas of service: _____

Specify hours / time frame availability: _____

Personal References (2):

Name: _____

Phone: _____

E-mail: _____

Name: _____

Phone: _____

E-mail: _____

Volunteer Applicant Signature _____
Date

- Approved: Assignment: _____
- Signature: Director _____
- Not approved/ Explanation (if desired) _____

Upon approval applicant must be cleared via a State Police criminal background check and Department of Public Health screening facilitated by Elim Human Resources. Required training will be assigned via Elim Academy (Training Department).