

I hereby declare that to the best of my knowledge the foregoing information is true and complete. I authorize the Stratford House of Blessing to check the references I have listed above.

I understand that:

- If I'm accepted as a Volunteer, I will receive an orientation and training appropriate to my volunteer assignment;
- The relationship between the Stratford House of Blessing and volunteers is an "at will" arrangement that may be terminated at any time without cause by either the volunteer or the Stratford House of Blessing;
- In the course of volunteering for the Stratford House of Blessing, I may be dealing with confidential or sensitive information. I agree to keep such information in the strictest confidence;
- All information given to the House of Blessing as part of this application will be kept confidential.

Applicant Signature

Date

Parent/Guardian Signature
(if you are under 18 years of age)

Date

If you are unable to sign, you can sign in person at your intake meeting.

Volunteer Hours Documentation Request:	<input type="checkbox"/> Student	<input type="checkbox"/> Other (please explain)
Number of Hours Required _____	Documentation Required: _____	
Contact Name: _____	Organization: _____	
Contact Telephone: _____	Contact Email: _____	

Thank you for taking the time to
complete this application!