## **Holy Trinity Episcopal Church & School**

## Volunteer Application

Instructions: Please the questions accur- additional sheets if	ately and fully. Atto needed.	ach	Date:	
Name:				
Street address:		Driver License: Stat	te Number	
City:	State:	_Zip:	How long at currer	at address:
Phone: Home ()_		none.	Work ()	
Best Time to Contact You				
Are you legally eligible to Yes No		Note: If you are a	rifying your employm	ition, you will be required to ent eligibility and identity to I by the Immigration Reform
Please list your addresses	in the past five years:			
What has prepared you for	the position for which yo	ou are currently applying?		
Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	· Reason for leaving position
Started/_/_ Ended/_/_	(0.1),			
Started/_/_ Ended/_/		Please Attach	Resume	
Started/_/_ Ended/_/_			S	
Started/_/ Ended/_/				

unteer experi		ies Da	ing	Contact	Phone
Organization	Du	ies Da	es	Contact	riione
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Name of School	Address		1		
TABLE OF DELICOT	(City, State Zip)	Type of School	Name of Pr	ogram or 🍴 P	Program comple

Address (City, State Zip)	Type of School	Name of Program or Degree	Program completed?
			(City, State Zip) Type of School Name of Program or

### References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Relationship to You
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?
If yes, please explain.

### **Holy Trinity Episcopal Church & School**

Acknowledgment, Release and Signature for Inclusion in Application or with Church Deployment Office Form

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize Holy Trinity Episcopal Church & School to request and receive such information.

If hired or chosen, I agree to be bound by Holy Trinity Church & School policies and procedures, including but not limited to its **Policies for the Prevention of Sexual Exploitation of Adults, Prevention of Child Abuse** and **Code of Conduct for Persons Having Pastoral Relationships.**I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of Holy Trinity Episcopal Church & School and without prior notice to me.

I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause and without prior notice at the option of Holy Trinity Episcopal Church & School or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and Holy Trinity Episcopal Church & School for employment, volunteering or the providing of any benefit.

I have read and understand the above provisions.

Signature	Date
Print Name	



# Florida

Items marked with an \* are required.

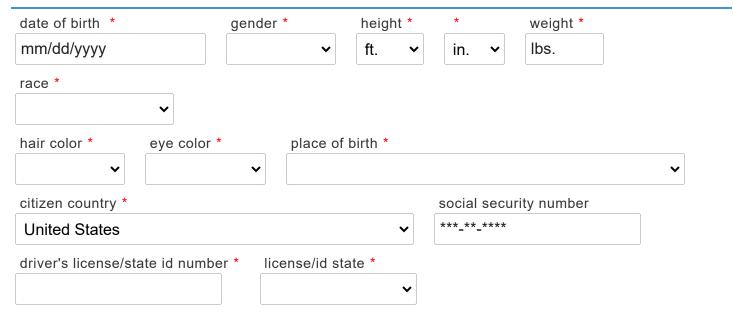
APPLICANT NAME	
prefix first name *	middle name
•	
last name * suffix	
APPLICANT ALIAS OR MAIDEN NAME	
prefix first name	middle name
<b>~</b>	
last name suffix	
<b>→</b>	
+ Add Alias (up to 5) *Please Provide A	Attachment with any additional aliases
number * direction street name	e *
<b>~</b>	
unit designator	
•	
country *	city *
United States	•
state * zip code *	

Please enter the phone number and email address for the individual being fingerprinted. The phone number and email address will be used to contact the individual in the event of an Appointment Cancellation or Reschedule, a need for Reprinting or if issues occur with the Payment Method. We do not sell or share contact information.

phone 1 *	phone 1 type *	phone 2	phone 2 type
###-###-####	<b>~</b>	###-###-####	
email *			
confirm email *			
preferred contact method	preferred contact t	ime	
<b>~</b>		•	
contact notes/instructions			

Yes, please email me educational materials, special offers and information about other IdentoGO products and services.

### APPLICANT DEMOGRAPHIC DATA



#### APPLICANT EMPLOYER INFORMATION

employer name

Holy Trinity Episcopal School

employer phone

352-787-8855

number	direction	street name				
2201	•	Spring Lake	Spring Lake Road			
apt/unit #						
country				employer city		
United States			~	Fruitland Park		
state		employer zip				
Florida	~	34731				
	Th			rm with your application School Office or to	Submit>	
			htepiscopa			

If you have any questions with the website, please call (800) 528-1358.

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