



# FAMILY360 INC. & HOSANNA MINISTRIES, INC.

2012 Eastview Parkway, Ste. 400 | Conyers, GA 30013

Phone: (770)679-0586 | Fax: 770-285-6325

Website: [www.Family360Center.com](http://www.Family360Center.com)

[www.HosannaMinistriesInc.org](http://www.HosannaMinistriesInc.org)



## Volunteer Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

(First)

(Middle)

(Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about our agency? \_\_\_\_\_

Volunteer Area of Interest: \_\_\_\_\_

Have you ever been charged or convicted of any felony charges?

Yes  No If yes, please elaborate: \_\_\_\_\_

Have you ever been charged or convicted of any misdemeanor charges?

Yes  No If yes, please elaborate: \_\_\_\_\_

### EDUCATION

Level	Name	Major	Circle Highest Grade Completed	Degree/Diploma/GED
High School			9 10 11 12	



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College			1 2 3 4	
Other			1 2 3 4	

## Employment History

Dates Employed	Company Name & Address
1.	
2.	
3.	

Professional Licenses: \_\_\_\_\_

Do you have any special computer or technical skills and trainings? \_\_\_\_\_

\_\_\_\_\_



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## REFERNCES

Full Name:	Relationship:
Company:	Phone Number:
Address:	
Full Name	Relationship:
Company:	Phone Number:
Address:	
Full Name:	Relationship:
Company:	Phone Number:
Address:	

## PHOTO AND PRESS RELEASE

I, \_\_\_\_\_, do hereby give Family360 Inc. their assigns, licenses, and legal representative the irrevocable right to use my name, picture, portrait, photo graph, and visual likeness in all forms and media in all manners, including photo, film, audio, and video representations for non-profit, public purposes, and I waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and I am fully familiar with its contents.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date