T.U.R.N. VOLUNTEER APPLICATION FORM

Transformation Unlimited Resource Network — Community Volunteer Program

APPLICANT INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Age: _____

Gender: _____

Address: _____

City: _____ ST: _____

ZIP: _____

Phone #: _____ Email: _____

Marital Status: ☐ Single ☐ Married Children: _____

REFERRAL ORGANIZATION

Judge/Official Name: _____

Referral Organization / Court: _____

Phone Number: _____ Email: _____

COURT INFORMATION

Case Number: _____ County: _____

Referring Official Signature: _____

Date: _____

BACKGROUND CHECK & APPROVAL

Background Check Result: ☐ Approved ☐ Denied

Reviewed By (Dept Head): _____

Signature: _____ Date: _____

Volunteer Start Date: _____

APPLICANT CERTIFICATION & SIGNATURE

EMAIL THE FORM TO
efbcdoo72@gmail.com
efbcministries1996@gmail.com

Applicant Signature: _____ Date: _____

Bishop Derrick Hudlun

Date:

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VOLUNTEER LOG — DAILY & WEEKLY HOURS

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR INITIALS