



**Signal Mountain Presbyterian Church  
Night OWLS  
Volunteer Application**

Date of application: \_\_\_\_\_

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Maiden Name

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

Date of Birth \_\_\_\_\_ Male/Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Signal Mountain Presbyterian Church member? \_\_\_\_\_ How long? \_\_\_\_\_

If not, current or previous religious affiliation \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation or position \_\_\_\_\_

Work Phone \_\_\_\_\_

How would you prefer to be contacted? \_\_\_\_\_

How did you hear about the Night OWLS program? \_\_\_\_\_

Education, special training or previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health limitations or special considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your experience with children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had experience with children with special needs? If so, please describe your experience.

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Have you had experience with a friend or family member who has special needs?

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Sports and hobbies that interest me:

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Licenses, permits or certifications

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CPR Certified \_\_\_\_\_ Date \_\_\_\_\_

Activities of interest at Night OWLS (*check as many as apply*)

primary child care

music

crafts

registration

leading group activities

other: \_\_\_\_\_

I am comfortable being paired with a child who has (*check as many as apply*)

mental disability

physical disability

sibling of special needs child

fluent in other languages

Sign language

Spanish

Other

**Legal History:**

- |  |     |    |
|--|-----|----|
| 1. Are you free of illegal substance abuse?  | Yes | No |
| 2. Have you ever been convicted of a criminal offense?   | Yes | No |
| 3. Have you ever been arrested or convicted for the use or sale of drugs?  | Yes | No |
| 4. Have you ever been treated for alcohol or substance abuse?  | Yes | No |
| 5. Have you ever been arrested or convicted of child neglect, abuse, or any form of sexual misconduct?   | Yes | No |
| 6. Has your driver's license ever been suspended or revoked?   | Yes | No |
| 7. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? | Yes | No |

**FOR ANY "YES" ANSWERS TO QUESTIONS 2-7 ABOVE, PLEASE ATTACH A DETAILED EXPLANATION. THANK YOU**

