

1425 Mountain Drive N, Bethlehem, PA 18015 • info@bloomforwomen.org • 610.866.5755 • BloomForWomen.org

Volunteer Application		Date:
First Name	Last Name	
I am 18 or older. O No O Yes		
Birthday: Month and Day only/		
Email Would like to receive email newsletters? O No O Yes Phone		
Address		
City		
State	Zip/Postal Code	
Faith Community:		
Bilingual? O No O Yes / What other language(s) d	o you speak?	
How did you hear about Bloom?		
Do you have previous volunteer experience? If so,	briefly explain.	
Please describe any talent, skills, or professional to If you are a college student, what is your major?	raining that would benefit Bloom	1.
How did you first learn about human trafficking and	d exploitation?	

How would you describe your knowledge about human trafficking and exploitation?
Have you previously volunteered or worked with an organization that aids survivors of human trafficking, sexual exploitation abuse, homelessness, or addiction? <i>If so, please briefly describe your experience.</i>
Are you currently involved in any professional, civic, or ministry organizations? If so, which and how?
What motivated you to reach out and get involved with Bloom?
Do you know anyone currently in our program? If so, what is your relationship?
Emergency Contact Name / Relationship
Emergency Contact Phone, Email, Address - the best way(s) to reach them
Please indicate your area(s) of interest: O My Sister's Closet (Bethlehem, PA) O Bloom Creative Studio* (Bangor, PA) O Driver / Resident Support* - Please circle area(s): Allentown, Bethlehem, Bangor O Mother's Helper* (Allentown, PA) O Events O Outreach* O Other / How would you like to help? Please explain.
*These areas require child abuse clearance in addition to the PA criminal history background check What is your availability (specific days of the week & times) now and for the foreseeable future?
Is there anything more you would like to tell us about yourself?

CRIMINAL HISTORY

These questions are supplemental to the required background check.

I am not the subject of a criminal investigation.						
0	True	0	False			
l do	I do not have criminal charges pending against me.					
0	True	0	False			
I have never been convicted of any criminal offense (felony or Class A or B misdemeanor) involving a juvenile/child or the direct endangerment of a juvenile/child.						
0	True	0	False			
I have not been convicted of any felony offense (or an equivalent offense under the Uniform Code of Military Justice) within the past 15 years.						
0	True	0	False			
I have never been convicted of a sex offense.						
0	True	0	False			
l ar	I am not legally required to register as a sex offender.					
0	True	0	False			
I have never been convicted of a capital offense.						
0	True	0	False			
If you answered "False" to any of the above, please explain below.						
I agree to notify Bloom in writing within 24 hours if ANY of the above criminal history changes.						
O No O Yes						

REFERENCE 1:	•	
First Name	Last Name	
Relationship to you		
Email	Phone	
Address		
City		
State	Zip/Postal Code	
REFERENCE 2:		
First Name	Last Name	
Relationship to you		
Email	Phone	
Address		
City		
State	Zip/Postal Code	
AGREEMENT AND SIGNATURE/E-SI	GNATURE	
I AGREE TO THE FOLLOWING:		
accepted as a Bloom volunteer any fals	ting this application, I affirm that the facts herein ar se statements, omissions, or other misrepresentation I understand that Bloom is not obligated to provide	ons made on this application or references
First and Last Name – Printed & SIGN	IED	Today's Date

Thank You! We'll be in touch.