

WHITE OAK CONFERENCE CENTER

633 Mobley Hwy

Winnsboro, SC 29180

Phone: (803) 635-4685

Fax: (803) 635-4453

SERVICE VOLUNTEER APPLICATION

Name: _____ DOB: _____

Spouse: _____ DOB: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

How did you hear about White Oak? _____

Why do you want to be a White Oak Volunteer? _____

Do you have, or have you had any lifestyle, conduct, or activity which would project an image which could embarrass the South Carolina Baptist Convention or impede its credibility with its constituents?
__Y __N

Have you ever been convicted of a misdemeanor or felony? __Y __N

Have you ever been arrested or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? __Y __N

Volunteers serving White Oak Conference Center are required to be covered by medical insurance. Please indicate if you have insurance by checking the appropriate box.
__Y __N

Physical restrictions (if any): _____

Dates available to volunteer at White Oak: _____

Arrival Date: _____ Departure Date: _____

Living accommodations: Housing _____ or RV Site _____

Type and size of RV: _____

RV License #: _____ State of Issue: _____

Tow Vehicle: _____ License #: _____ State: _____

Accommodation arrangements will be made in accordance with the information that you provide and availability. You will be contacted by White Oak in regards to availability of service opportunities and lodging.

I understand that volunteers receive no pay and are not covered by workers compensation insurance. All work is to be considered a donation to White Oak and provides for no future privileges in the use of the facility.

By my signature below, I affirm the information provided in the questionnaire is true and complete. I understand that any false information or omissions shall be cause for reconsideration. I also agree to abide by all White Oak policies and regulations.

Signatures (His & Her)

Date

Please highlight your professional work experience. _____

Check the skills below which apply to you:

	His	Her
Carpentry		
Computer Skills		
Customer Relations		
Electrical		
Gardening/Landscaping		
General Cleaning		
General Office		
Heating/AC		
Masonry		
Painting		
Plumbing		
Telephone		

Mark the work area preferred below. Please number 1,2,3, etc. by preference.

If no preferences please check here: _____

	His	Her
Food Service		
Housekeeping		
Laundry		
General Cleaning		
Carpentry/painting		
Grounds/landscaping		
Front Desk		
Canteen/Giftshop		

Marked choices do not guarantee being placed in that position. Multiple areas may be assigned.

Please provide three references:

Name	Telephone
_____	_____
_____	_____
_____	_____

Name of Membership Church: _____

Pastor's Name: _____

Church Address: _____

Church Telephone: _____

Please attach completed Background Investigation Authority Form and \$6.00 processing fee before submitting. Applications should be submitted 2 weeks prior to date of service.

For Office Use Only: Application Received: _____ Status: _____



BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize South Carolina Baptist Convention or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: SSN: - -

Other Names or SSN Used:

Current Street Address: Apt.:

City: State: Zip:

Phone: ()

Driver's License#: State: *DOB: / /

*DOB is optional and is only used for identification purposes in screening inquiries

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address City State Zip DATES: from to

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MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nollo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: DATE: / /

If you are a resident of California, Minnesota, New York, Oklahoma or Washington, you may request a copy of any "consumer report" obtained by us by indicating below:

YES - please provide report copy in accordance with applicable law- (please initial)

For South Carolina Baptist Convention Office Use ONLY

Please log in to www.singlesourceservices.com to enter subject for screening(s).

SingleSource Services 1-800-713-3412

- Extensive Employee Screening Extensive Volunteer Screening
Basic Employee Screening Basic Volunteer Screening