



Stepping Stones

Transitional Opportunities for Youth
P.O. Box 1366 Bloomington, IN 47402
(812) 339-9771 • Fax: (812) 339-2991
Web: <http://www.steppingstones-inc.org/>

Personal Information (Please Print)

First Name _____ M.I. _____ Last Name _____
Gender _____ Date of Birth _____ Other Names Used _____
Permanent Address _____
Phone Number _____ Cell _____ Email _____
Emergency Contact _____ Phone _____ Relationship _____

Education (Please Print)

Institution _____ City/State _____
Dates Attended: From _____ To _____ Graduated YES _____ NO _____
Major _____ Minor _____ Degree _____
Institution _____ City/State _____
Dates Attended: From _____ To _____ Graduated YES _____ NO _____
Major _____ Minor _____ Degree _____

Volunteer Interests and Skills (Please Print)

Please describe any volunteer work that you may have done in the past:

Organization _____ How Long? _____ Hr/Wk _____

Activity _____

Organization _____ How Long? _____ Hr/Wk _____

Activity _____

Please provide us with a brief overview of your skills/interests:

Please check any volunteer activities you want to apply for:

_____ Provide Mentoring _____ Be a Tutor _____ Be a Host _____

_____ Substitute Resident Asst. _____ Build Kits for Residents _____ Serve on a Committee _____

Best available Times: _____

Please forward this application to the P.O. Box listed on this application with Attn: Warren Wade

Driving Record (Please Print)

Full Name (as it appears on Driver's License) _____

License Number _____ State _____ Exp _____

Work History (Please Print)

Most Recent Job: _____ How Long? _____ Hr/Wk _____

Address _____
Address City State Zip

Contact Person/Title: _____

Phone Numbers: Primary _____ Secondary _____ Fax _____

Next Recent Job: _____ How Long? _____ Hr/Wk _____

Address _____
Address City State Zip

Contact Person/Title: _____

Phone Numbers: Primary _____ Secondary _____ Fax _____

Personal References (Please Print)

Name _____ Company _____ Title _____

Contact Phone _____ Relationship _____

Name _____ Company _____ Title _____

Contact Phone _____ Relationship _____

Criminal Background

I hereby authorize any law enforcement agency to furnish any information regarding my criminal history to Stepping Stones. I hereby release Stepping Stones and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to Stepping Stones. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Volunteer Application and any actions based on it.

If you have lived in any state other than Indiana in the last five years, please list it (them) here: _____

SIGNATURE _____ **DATE** _____

Applicant Statement

I certify that all information submitted by me on this application is true and complete. I understand that giving false information, omitting information or misrepresenting information may result in my application being terminated.

SIGNATURE _____ **DATE** _____

Please forward this application to the P.O. Box listed on this application with Attn: Warren Wade