

# Volunteer Application



Note: All volunteers that work directly with clients or client records must attend a training session, provided by TAT and Sacred Transformations.

Please, allow 2 to 4 weeks to process your application.

Thank you

**Required\***

## PERSONAL INFORMATION

Full Name (as it appears on Government issued ID)			
Preferred Name (Name you like to be called)	Personal Pronouns	Birthdate	
Street Address Line 1			
Street Address Line 2			
City	State or Province	Postal Code	Country/ Nation
Phone	E-mail		
Social Security Number	Note: Your Social Security Number will not be sold, given, or shared to any other entity except required by law or court order. We hold this number in strict confidentiality and only use it for criminal background checks and for IRS required reporting.		
Emergency Contact	Relationship	Phone	

## EDUCATION

Are you currently attending school or enrolled to be attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of current or last attended school.		Graduation date
City	State/ Province	Country/ Nation
Last degree or diploma earned	Course of Study / Major	

## BACKGROUND

Please, list you personal and professional skills and hobbies.

How did you hear about TAT and Sacred Transformations and our volunteer opportunities?

Why do you wish to volunteer for TAT and Sacred Transformations?

Have you ever been convicted of a crime?  Yes  No

*NOTE:* An arrest or conviction does not exclude you from being able to volunteer or work with TaAT or Sacred Transformations. However, we do work with certain institutions that do. Except for these few circumstances we would love to have you volunteer providing your participation is within the law. We believe people change, and we honor and respect that change.

If you have a conviction, please list the charge, conviction date, and current status.

I, \_\_\_\_\_, hereby attest that all the above information  
Print your full legal name as it appears on Government issued ID  
is true and accurate to the best of my knowledge. By initialing here, \_\_\_\_\_, I give permission for Tattoo Art Therapy (TAT) and  
Initials  
Sacred Transformations the right to use my likeness in any promotional, informational, presentational and other media for the purposes of advertising, fundraising, and other needs as they see fit. I have the right to revoke this permission at any time.

I also understand that by signing below, I give permission for TAT and Sacred Transformations to run a criminal background check.

\_\_\_\_\_  
Signature, or Print full legal name if sending digitally via the website or e-mail

\_\_\_\_\_  
Date

*If not filling out application online through our website,*

*Please, send to*

*E-mail: [timeforink@gmail.com](mailto:timeforink@gmail.com)*

*or*

*Mail to :  
Sacred Transformations  
288 S Lake Street  
Gary, IN 46403*