

# NEHEMIAH HOUSE

## QUESTIONNAIRE FOR ALL VOLUNTEERS

Please answer all questions as fully and accurately as possible. Your answers shall be treated with the greatest respect and confidence.

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

Date of Birth: \_\_\_\_\_ SOS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Work: \_\_\_\_\_

If you have resided at the above listed address for less than five years, please list your previous address(es):

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

Has a **criminal** complaint ever been filed against you, which alleged sexual abuse/misconduct or any form of child abuse by you; or which alleged your participation in or facilitation of such activities?

Yes      No      (circle one)

Has a civil complaint (such as a report to DCF or any child welfare agency) ever been filed against you which alleged sexual abuse/misconduct or any form of child abuse by you; or which alleged your participation in or facilitation of such activities?

Yes      No      (circle one)

If yes to either, please explain:

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



Please **read** each statement and **initial** next to each statement to indicate agreement:

\_\_\_\_\_ The information I have provided on this questionnaire is accurate to the best of my knowledge and I understand that failure to provide accurate information may result in the inability to volunteer for F.U.S.E.

\_\_\_\_\_ This is to acknowledge receipt of a copy of the Abuse Prevention Policies & Procedures handout. My signature indicates that I have received and reviewed the aforementioned policies.

\_\_\_\_\_ This is to acknowledge I will abide by the Golden Rule and not share personal information and/or take photos of persons I serve or their children without pre-written approval. I will keep their information confidential. This includes all forms of social media.

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**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**VOLUNTEER AT:** \_\_\_\_\_

**CITY/TOWN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_