Volunteer Application

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

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

Thank you

TaAT
Tattoo and Art Therapy
A division of Sacred Transformations, a not-for-profit

PERSONAL INFORMATION

First Name	Middle Name or Initial	Last Name

Street Address Line 1

Street Address Line2

City	State/Province	Postal Code	Country/Nation

Primary Phone	Type		Secondary Phone	Type

E-mail

Social Security Number	*Note:* Your social security number will not be sold, given, or shared to any other entity except required by court order. We hold this number in strict confidentiality and only use it for criminal background checks and for required IRS reporting.	Date of Birth (dd/mm/yyyy)

Emergency Contact	Relationship	Phone

EDUCATION

Are you currently enrolled or attending school?	☐ Yes	☐ No

Name of School	Graduation Date (dd/mm/yyyy)

City	State/Province	Country/Nation

Last Degree or Certificate Earned	Course of Study/Major

BACKGROUND

Please, list your personal and professional skills and your hobbies.

How did you hear about TaAT or Sacred Transformations?

Why do you want to volunteer for TaAT or 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 conviction, conviction date, and current status.

I, _____ hereby attest that all the
      PRINT FULL LEGAL NAME AS IT APPEARS ON YOUR STATE I.D.

above information is true and accurate to the best of my knowledge.   By initialing, here: I _____, I

give permission for Tattoo and Art Therapy (TaAT) and Sacred Transformations to use my likeness in

promotional materials including social media, video, and other imaging which will be used for information and

fundraising packets. I also understand that by signing (digital or handwritten) below I give TaAT and

and Sacred Transformations permission to run a criminal background check.

Signature	Date (dd/mm/yyyy)	Last for of Social Security #

FOR ADMINISTRATION USE ONLY	
Date Background check was run	Was information in background check accurate?
Print Name	Position or title
Signature	Date