

POSITION FOR WHICH YOU WOULD LIKE TO VOLUNTEER: _____

We consider volunteers for all positions without regard to age, ancestry, citizenship, color, creed, marital or domestic partner status, national origin, political affiliation, pregnancy (including childbirth, breastfeeding or related medical conditions), race, religion (including belief, observance or practice, including grooming and dress), sex, gender (including transgender, gender identity and gender expression), sexual orientation, military or veteran status, disability, genetic information, medical condition or any other consideration protected by federal, state or local law, ordinance or regulation.

PERSONAL INFORMATION:

Date: _____ Phone #: (Cell, if applicable) _____

Name: _____

Last First Middle

All Names Used

in the Past:

Last First Middle

Street Address:

Street City State Zip

Do you have any relatives currently employed at this agency? • Yes • No

If yes, please give their names _____

Is there anything about your educational background that you would like us to know?	
Describe any specialized training, apprenticeship, skills or extra-curricular activities that you would like us to know about.	
Describe any honors, scholarships, appointments or awards that you have received.	
State any additional information you feel may be helpful to us in considering your application.	

Indicate any languages (other than English) you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			

NOTE:

Are you between the ages of 16 and 18? Yes No

If yes, your parent or guardian must sign here to approve your possible participation as an agency volunteer. Due to the agency's confidentiality policies, volunteers between the ages of 16 and 18 may only work in non-client contact areas of the organization.

Printed name of Parent or Guardian: _____

Signature: _____

If considered for a volunteer position, would you have a reliable form of transportation or ability to use public transit to get you to and from this agency? Yes No

Several of our volunteer positions require driving as a part of the volunteer experience. If you are considering volunteering your services as a driver, would you be able to furnish us with verification of vehicle insurance?

Yes No

Do you have at least 3 years minimum driving experience? Yes No

Drivers License Information:

State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the position you are volunteering for):

Briefly describe your reasons for wanting to volunteer at this agency:

In which of the following areas would you feel that you would be able to have the most impact and enjoy the tasks you are performing?

Direct Client Services

_____ Recreational Opportunities
 _____ Recreational Transportation
 _____ Appointment Transportation

Administrative Support Services

_____ Data Entry
 _____ Filing
 _____ Copying
 _____ File purging
 _____ Reception Assistance

Public Relations and Fundraising

_____ Community Speaking
 _____ Opportunities
 _____ Special Events

EMPLOYMENT / VOLUNTEER HISTORY: (List work history, if applicable, and/or any relevant volunteer experience)

1. Employer	Job Title	
	Dates	Employed
	From:	To:
Address		
Telephone Number(s)	Work Performed	
Supervisor		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	
2. Employer	Job Title	
	Dates	Employed
	From:	To:
Address		
Telephone Number(s)	Work Performed	
Supervisor		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	

3. Employer	Job Title	
	Dates	Employed
	From:	To:
Address		
Telephone Number(s)	Work Performed	
Supervisor		
<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other		

In Case of Emergency Notify:

Name

Address

Phone No.

Please Read Carefully, Initial Each Paragraph and Sign Below:

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any the agency document shall be grounds for rejection of this application or for immediate termination of my volunteer status, regardless of the time elapsed before discovery.

_____ I hereby authorize the Agency to investigate my references, work record, education and other matters related to my suitability for volunteering and, further, authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release this agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.

_____ By completing and returning this application, I am asking to be considered for a volunteer position with this agency. In the event that I do become a volunteer, I agree to abide by the policies of this agency and represent the mission and philosophy of the organization at all times. I recognize that the clients we serve have the same civil and human rights as any other individual. I will act in a responsible manner and treat any this agency client with dignity and respect.

_____ Should I accept a volunteer position, I promise to abide by the volunteer schedule and perform the tasks mutually agreed upon.

Print Name: _____

Signature: _____

Date: ____/____/____

REFERENCES

Please list 3 references and fill out form completely (PLEASE PRINT)

Name: _____

Phone Number (during the day): (____) _____

Include Area Code

Check one: Professional (work) reference _____
Personal reference _____

Name: _____

Phone Number (during the day): (____) _____

Include Area Code

Check one: Professional (work) reference _____
Personal reference _____

Name: _____

Phone Number (during the day): (____) _____

Include Area Code

Check one: Professional (work) reference _____
Personal reference _____

FOR AGENCY USE ONLY:

Date Received: ____/____/____

Disposition: _____

Affirmative Action Questionnaire

Applicants who wish to volunteer the following information are requested to do so. This information will assist us in determining whether or not we are attracting applicants in proportion to the sex, race and ethnic makeup of the population.

It will be helpful to us if you will complete this questionnaire and return it with your application. This information will be kept strictly confidential and will **not** be used when making final decisions.

It is the policy of this agency to provide equal opportunity for employment and volunteer participation on the basis of merit and without regard to age, ancestry, citizenship, color, creed, marital or domestic partner status, national origin, political affiliation, pregnancy (including childbirth, breastfeeding or related medical conditions), race, religion (including belief, observance or practice, including grooming and dress), sex, gender (including transgender, gender identity and gender expression), sexual orientation, military or veteran status, disability, genetic information, medical condition or any other consideration protected by federal, state or local law, ordinance or regulation.

Gender: _____

Ethnic Identity (check one):

- _____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- _____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- _____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- _____ **Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- _____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- _____ **Decline to State** - (should you choose this option, by law we are required to report you as White).

Name – Printed

Date

Signature