



VOLUNTEER APPLICATION

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or disability.

PERSONAL		
Date: _____		
Last Name	First Name	Middle
Street Address		Home Phone ()
City, State, Zip		Cell Phone ()
Email		Date of Birth
When will you be available to start volunteering: _____		
Best times: _____		
Hours: _____		Days: _____
Frequency preferred:		
Hours per week: _____		Hours per month: _____
Other: _____		

EDUCATION
Employer/occupation: _____
Name of degree or diploma: _____
Name of School: _____

PREFERED AREAS OF INVOLVEMENT	
<input type="checkbox"/> Anti Tobacco Program	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Asthma Program	<input type="checkbox"/> Speakers Bureau
<input type="checkbox"/> Breathe of Life Walk (annual event)	<input type="checkbox"/> Health Fairs
<input type="checkbox"/> Clean Air Program	<input type="checkbox"/> Website/Data Entry
<input type="checkbox"/> Clerical/Office Work	<input type="checkbox"/> Other: _____

Interests, hobbies, and involvement in civic organizations or activities:

Are you fluent in a language other than English? If yes, what language(s). _____

EMPLOYMENT / VOLUNTEER POSITIONS

(Please give and accurate and complete full-time and part-time employment record. Start with present or most recent employer)

Company Name:

Telephone:

()

Address:

Employed (month and year)

From: _____

To: _____

Name of Supervisor:

Reason for Leaving:

Job title and brief description of your work:

Employment

Volunteer Position

Company Name:

Telephone:

()

Address:

Employed (month and year)

From: _____

To: _____

Name of Supervisor:

Reason for Leaving:

Job title and brief description of your work:

Employment

Volunteer Position

REFERENCES

(List people who are familiar with your qualifications)

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you smoke? Yes No Do you have transportation? Yes No

OTHER

The information requested is needed for a legally permissible reason including, without limitation, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, physical or mental disability.

1. Are you under 18 years of age? Yes No

If yes, please have your parent sign below.

2. State names of relatives and friends working (or volunteering) for us other than your spouse: _____

3. Do you have physical disabilities that preclude you from performing certain jobs?

Yes No

If yes, please describe limitation: _____

4. Have you ever been bonded? Yes No

If yes, with what employer?

5. Have you ever been convicted of a crime in the past 5 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? Yes No

Are you presently under indictment or otherwise formally charged with a felony?

Yes No

If you answered yes to any of these questions, please describe in full, indicating the date, nature, and place of the offense and the sentence and disposition (probation, suspended sentence, incarceration):

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Applicant may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning of concentrated participation in, any pre-trial or post-trial diversion program.

6. Do you have a valid driver's license? Yes No

7. I hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application

shall be considered cause for dismissal. I authorize you to obtain an investigation report containing information obtained through personal interviews with my employers (paid & volunteer), school personnel, neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, and personal characteristics. I understand I have a right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Signature:

Date: _____

Parent

Signature:

Date: _____