



VOLUNTEER APPLICATION

All information in this document is confidential

POSTION OF INTEREST _____

PERSONAL INFORMATION

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Date of Birth _____ Physical Limitations _____
(Be specific; if none, write none)

CHURCH / BUSINESS AFFILIATION

Name/Address _____

EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes No Position _____

Describe the work _____

Agency _____ Address _____

Phone () _____ May we contact the Agency? Yes No

EMPLOYMENT HISTORY

Name of current employer _____ Phone () _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? YES NO Description of duties _____

PERSONAL REFERNECE

Name _____ Relationship _____ Day Phone () _____

EMERGANCY CONTACT

Name _____ Relationship _____ Day Phone () _____



SCHEDULE AND AVAILABILITY

Hours per week _____ Preferred Days _____ Morning/ Afternoon _____

DRIVING INFORMATION

ACTION VC requires a valid driver's license and proof of automobile insurance for the Volunteer. Are you able to use your automobile if the volunteer position requires one? YES / NO

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

CRIMINAL HISTORY

Have you ever been convicted of a felon? Yes No If yes, please explain: _____

(Note: Answering yes will not automatically prohibit individuals from becoming volunteers/interns, but will be considered with respect to time, circumstances, seriousness and relationship to responsibilities. Some volunteer/intern positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

PARENTAL CONSENT

I give my consent for my child, named on page one of this application, to participate in a volunteer with ACTION. I also give ACTION VC my consent to obtain any emergency medical treatment necessary for the safety of my child. (To be completed if applicant is under 18 years of age)

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

SIGNATURE AND CONSENT

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer position being denied. Furthermore, my signature below provides my authorization to [nonprofit] to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information. ACTION VC acknowledges that equal opportunity for all persons is a fundamental human value. Each applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

Signature of Applicant _____ Date _____