

VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY #:	
PRESENT ADDRESS	APT #:	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	APT #:	CITY	STATE	ZIP CODE
HOME TELEPHONE #	CELL PHONE #		EMAIL ADDRESS	
EMPLOYMENT STATUS:				
<input type="radio"/> RETIRED <input type="radio"/> EMPLOYED- FULL TIME <input type="radio"/> EMPLOYED- PART TIME <input type="radio"/> NOT EMPLOYED				
IF EMPLOYED, MAY WE CONTACT YOUR EMPLOYER FOR A REFERENCE? <input type="radio"/> YES <input type="radio"/> NO				
ARE YOU 18 YEARS OLD OR OLDER? <input type="radio"/> YES <input type="radio"/> NO				

DESIRED VOLUNTEER POSITION

PLEASE CHECK WHICH OPPORTUNITY YOU ARE INTEREST IN:

HOMEWORK HELPER
 PLAYTIME VOLUNTEER
 WEEKEND ASSISTANT
 MATERNITY ASSISTANT
 PROGRAM ASSISTANT
 RESIDENTIAL ASSISTANT
 HR VOLUNTEER
 DEVELOPMENT ASSISTANT
 FAMILY STRENGTHENING ADMINISTRATOR
 SPECIAL EVENTS
 SPECIAL PROJECTS
 OTHER: _____

DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO

PLEASE LIST THE TIMES FOR EACH DAY YOU ARE AVAILABLE TO VOLUNTEER:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

DATE YOU CAN BEGIN VOLUNTEERING: _____

WHY DO YOU WANT TO VOLUNTEER AT CHILDREN'S HARBOR?

CHILDREN'S HARBOR HISTORY

EVER APPLIED TO THIS COMPANY BEFORE? <input type="radio"/> YES <input type="radio"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="radio"/> YES <input type="radio"/> NO	WHERE?	WHEN?
ARE YOU RELATED TO ANYONE EMPLOYED BY CHILDREN'S HARBOR? <input type="radio"/> YES <input type="radio"/> NO	NAME OF LAST SUPERVISOR AT THIS COMPANY	
REASON FOR LEAVING		

EDUCATION

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	START & END DATE	# OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

CREDENTIALS, SPECIAL TRAINING & SKILLS

LICENSES & CERTIFICATIONS:
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

EMPLOYMENT/ VOLUNTEER HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service and/or volunteer work, if applicable.

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
TELEPHONE NUMBER		SUPERVISOR'S NAME	
DESCRIPTION OF WORK			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
TELEPHONE NUMBER		SUPERVISOR'S NAME	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
TELEPHONE NUMBER		SUPERVISOR'S NAME	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

Give the names of **three** persons you are not related to, whom you have known at least one year.

	NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK
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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? YES NO

IF YES, PLEASE EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

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ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

AN EQUAL OPPORTUNITY EMPLOYER

Children’s Harbor does not discriminate on the basis of race, color, creed, gender, national origin or ancestry, sexual orientation, age, disability, marital status, veteran status, political affiliation, on the basis of HIV or AIDS infection, or any other characteristic protected by any applicable local, state or federal law.

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERRENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATION OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITNG AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

SIGNATURE