

VOLUNTEER APPLICATION

PERSONAL INFORMATION

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

DESIRED VOLUNTEER POSITION

PLEASE CHECK WHICH VOLUNTEER POSITION(S) YOU ARE INTERESTED IN:

- DONATION SORTING ADMINISTRATIVE MAINTENANCE PLAYTIME/TUTORING/HOUSE PARENT HELP
 SPEAKER'S BUREAU SPECIAL ACTIVITIES/SPECIAL PROJECTS *(please explain)* _____
 PROFESSIONAL SERVICES _____ landscaping _____ graphic design _____ web design _____ hair cuts _____ printing
 SPECIAL CLASSES *(please explain)* _____
 OTHER *(please explain)* _____

AVAILABILITY:

- DO YOU HAVE YOUR OWN TRANSPORTATION?

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

EDUCATION

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	START DATE/ END DATE	NO. OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

CREDENTIALS, SPECIAL TRAINING AND SKILLS

LICENSES AND 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 volunteer work, if applicable.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
TELEPHONE NUMBER			
DESCRIPTION OF WORK			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
ADDRESS	LEAVING DATE	JOB TITLE	
STARTING DATE			
TELEPHONE NUMBER			
DESCRIPTION OF WORK			
REASON FOR LEAVING			
CITY	STATE	ZIP	
NAME OF PREVIOUS EMPLOYER			
ADDRESS	LEAVING DATE	JOB TITLE	
ADDRESS			

STARTING DATE
TELEPHONE NUMBER
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	RELATIONSHIP	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

Have you ever been convicted of a crime other than minor traffic offense? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

Are you able to perform any or all job functions with or without reasonable accommodation? **Yes or 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 REFERENCES 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 REPRESENTATIVE 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 WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

DATE

SIGNATURE