

Volunteer Application



CONTACT INFORMATION

Name (First, Middle Last) _____
Address _____
City _____ State _____ Zip _____
Home Phone# _____ Cell Phone # _____
E-Mail _____ SS# _____
Other name(s) under which you have been previously employed or obtained you education _____

EMPLOYMENT HISTORY (Please begin with current/most recent employer)

Employer Name #1 _____ Supervisor Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Dates-From _____ to _____
Job Title _____ Is it OK to contact this employer? Yes No

Employer Name #2 _____ Supervisor Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Dates-From _____ to _____
Job Title _____ Is it OK to contact this employer? Yes No

Employer Name #3 _____ Supervisor Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Dates-From _____ to _____
Job Title _____ Is it OK to contact this employer? Yes No

AREAS OF INTEREST/SKILLS (Please circle all that apply)

Youth	Art	Tutoring	Technology	Maintenance
Teens	Crafts	Mentoring	Pre-Employment Skills	Landscaping
Adult	Music	Youth Leadership	Clerical/Administrative	Event set-up/Take-down
Fitness	Dance	Life Skills	Fundraising	Other

AVAILABILITY

Approximate Number of hours available per week _____ or Approximate number of days per month _____
Circle all that apply, I am available: Mornings Afternoon Evenings
Circle all that applies, I am available: Mon Tues Wed Thurs Fri Sat
Comments about availability _____

REFERENCES (Please list three personal references)

Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____
Name _____ Relationship _____ Phone Number _____

VOLUNTEER EXPERIENCE

Organization Name #1 _____ **Supervisor Name** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Dates-From** _____ **to** _____
Job Title and/or Work Performed _____

Organization Name #2 _____ **Supervisor Name** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Dates-From** _____ **to** _____
Job Title and/or Work Performed _____

EDUCATION	Years Completed	Field of Study	Graduate or Degree
High School _____	_____	_____	_____
College/University _____	_____	_____	_____
Other _____	_____	_____	_____

AUTHORIZATION FOR BACKGROUND CHECK

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application (including criminal background & reference checks for volunteer service as may be necessary to protect the clients of Central City Neighborhood Partners.

Volunteer Applicant Signature _____ **Date** _____

TO BE COMPLETED IN PRESENCE OF CENTRAL CITY NEIGHBORHOOD PARTNERS CENTER STAFF

VOLUNTEER STATEMENT

I understand that Central City Neighborhood Partners requires the assistance of volunteers in the conduct of its various health and economic programs. It is my desire to further the work of Central City Neighborhood Partners by performing services as a volunteer as assigned. I undertake to perform such services as a volunteer without compensation, and in performing such services; I acknowledge that I am not acting as an employee of Central City Neighborhood Partners.

Volunteer Applicant Signature _____ **Date** _____

Witness Signature _____ **Date** _____

VOLUNTEER AGREEMENT

Central City Neighborhood Partners first obligation is our clients' safety. Your volunteer work may involve work with minors or vulnerable adults, please read the following statement and sign off on this statement to signify an affirmative response to the statement of these five questions.

- 1) In my prior volunteer work, I have never used a name other than that set forth above.
- 2) I have never been arrested as a result of a charge of child or adult abuse or of actual or attempted molestation of a minor.
- 3) I have never been convicted of child abuse or of a crime involving actual or attempted sexual molestation of a minor.
- 4) I authorize any of the organizations and their representatives and my personal references, listed here to give Central City Neighborhood Partners any information they may have regarding my character and fitness for work with minors or vulnerable adult populations. I release all such organizations and individuals from any liability that may result from their furnishing such information to Central City Neighborhood Partners. I waive any right that I may have to inspect any records containing such information.
- 5) Having the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information and statements are punishable under the laws relating perjury.

Volunteer Applicant Signature _____ **Date** _____

Witness Signature _____ **Date** _____

IF UNDER THE AGE OF 18, PARENT/GUARDIAN SIGNATURE REQUIRED

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____ **Date** _____