

Volunteer Application

Please Print

DATE OF APPLICATION ____/____/____

ARE YOU OVER 18?

YES NO

IF NO, HOW OLD? _____

NAME: _____
LAST NAME FIRST NAME M.I.

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: () _____ MOBILE : () _____ E-MAIL: _____

Social Security Number: _____

POSITONS WORKING WITH CHILDREN REQUIRE FINGERPRINTING, BACKGROUND CHECKS AND A CURRENT TB TEST.

ARE YOU WILL TO BE FINGERPIRNTED? (\$44.00) YES No
ARE YOU WILLING TO HAVE A BACKGROUND CHECK? (\$10.00) YES No
ARE YOU WILLIING TO HAVE A TB TEST? (\$25.00) YES No

TOTAL COST FOR ALL THREE SCREENINGS IS \$79.00. A DONATION TO COVER PART OR ALL OF THESE COSTS IS APPRECIATED BUT NOT REQUIRED.

WHEN ARE YOU AVAILABLE?

YEAR ROUND WINTER ONLY SUMMER ONLY

CHECK DAY(S) YOU WISH TO VOLUNTEER:

MON TUES WED THURS FRI

TIMES YOU WISH TO VOLUNTEER: _____

FELONY CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN YEARS? YES NO

IF YES, PLEASE PROVIDE DATE(S) AND DETAILS: _____

ANSWERING "YES" DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION TO VOLUNTEER. USE ADDITONAL SHEET IF NECESSARY.

VOLUNTEER OPPORTUNITIES: YOUR AREA(S) OF INTEREST

CHECK ALL THAT APPLY:

INFANT ROOM ONE YEAR OLDS TWO YEAR OLDS THREE YEAR OLDS FOUR YEAR OLDS WHEREVER NEEDED
 HELP IN KITCHEN (REQUIRES FOOD CARD) RECEPTIONIST OTHER _____

ANY SPECIAL TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATES: _____

OTHER ORGANIZATIONS YOU HAVE VOLUNTEERED WITH: _____

CURRENT EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____

PHONE: () _____

ADDRESS: _____

PHYSICAL & MENTAL LIMITATIONS & EMERGENCY NOTIFICATION DESIGNATION

DESCRIBE ANY LIMITATIONS THAT MIGHT HINDER YOU IN VOLUNTEERING FOR HOMEWARD BOUND: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME _____ WORK PHONE _____ MOBILE _____

RELATIONSHIP OF EMERGENCY CONTACT: SPOUSE CHILD PARENT FRIEND OTHER _____

EDUCATIONAL BACKGROUND

NAME OF SCHOOL	COURSE OF STUDY/DEGREE
HIGH SCHOOL	
COLLEGE	
OTHER	

REFERENCES - REQUIRED

KIDS CORNER VOLUNTEERS - PROVIDE TWO REFERENCE LETTERS – ONE PERSONAL & ONE PROFESSIONAL – INCLUDE PHONE NUMBERS.
ALL VOLUNTEERS - LIST NAME AND TELEPHONE NUMBER OF TWO REFERENCES WHO ARE *NOT RELATED* TO YOU.

NAME, BUSINESS OR PERSONAL	TELEPHONE	# OF YEARS KNOWN
	()	
	()	

REFERRAL SOURCE

WALK-IN
SCHOOL/COLLEGE
OTHER _____

OTHER AGENCY/ORGANIZATION
EMPLOYEE REFERRAL

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date.

I hereby submit to fingerprinting and a background check as a condition of volunteering and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my volunteering may result in ineligibility.

I understand that as a volunteer I may be involved in physical activities that have a potential risk of injury. I assume that risk. I will perform only the duties I am comfortable doing. I will not hold Homeward Bound/Kids Corner responsible for any damages or injury to me or my property as a result of my volunteering with the agency.

SIGNATURE _____

DATE _____

PARENT SIGNATURE (IF APPLICANT IS UNDER AGE 18)

DATE _____