

Education: GED _____ High School Diploma _____ Jr. College _____

College Degree _____ Please indicate your Degree/Major: _____

School	Years Attended	Year Graduated	Degree Earned

Do you speak a foreign language? Yes _____ No _____

If yes, Which One(s) _____

Fluent _____ Useful _____ Minimal _____

Can you write and read in this language? Yes _____ No _____

Community Affiliations/Volunteer Experience: _____

Religious Affiliation: _____

Are you a member of professional, civic or other organizations? Yes _____ No _____

If yes, please describe/list: _____

Hobbies/Skills/Special Interests/Work Experience/Special Training/Foreign Languages:

Personal References: (List Three) – Circle whether reference is personal or work.

1. _____
Name Address Phone Personal/Work

2. _____
Name Address Phone Personal/Work

3. _____
Name Address Phone Personal/Work

Is there a particular type of volunteer work in which you are interested?

(Check all that apply)

- Fundraising Tutoring Speaker (Public, Educational/Motivational)
 Administrative HIV Awareness (Outreach) Shelter Volunteer
 General Office Help Mentoring University Intern Americore
 Community Service Service Events Youth Program No Preference
 Donations/Recruiting

Skills:

- Clerical/Typing Computer Arts/Crafts Video/Photography
 Organizational/Development Skills Public Speaking Creative Writing
 Physical Recreation (Sports) Other Special Skills

Please specify computer skills: _____

Please specify other special skills: _____

Date Available to begin Volunteering: _____

Volunteer Available: Please write in time available under each day.

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Can commit to a regular time each week _____

Can give 3 – 5 days per month _____

Can give 4 – 8 hours per month _____

Can you commit to Volunteering with the agency for 1 year? _____

How did you hear about Organization?

___ Radio/TV ___ Presentation ___ Friend ___ Job ___ Newspaper

___ Health Fair ___ Resource Book ___ Institution

___ Other(specify) _____

The information given above is complete and true to the best of my knowledge. I understand that I am applying for a volunteer position and that reference checks and a criminal background check will be conducted.

Signature: _____ **Date:** _____

ADDENDUM TO VOLUNTEER APPLICATION

A criminal background check will be conducted on volunteer applicants

Your signature below acknowledges that you have read and understand that a criminal history investigation will include inquires into police records, and/or any other criminal records as required under law. You understand that you may be discharged or denied volunteer status if you have been convicted of a felony offense involving moral turpitude.

Complete information below and return with applications:

Full Name (print) _____

Signature _____

Date of Birth _____

Drives License # _____ State _____

Social Security # _____

Current Address _____

City, State, Zip _____

Male _____ Female _____ Race _____

The above data, i.e. race, sex, and birth date will not be used for volunteer purposes, but is required for identification for the criminal background check. A report showing a record of conviction will not automatically eliminate you from volunteer consideration, but it may do so. The nature and date of the offense and its' relationship to the volunteer position for which you are applying will be considered.

I authorize the release of any information regarding my criminal history or background to Change Happens and/or their authorized representative (Leslie Smith II).

Signature Date

Authorized Representative Date