



Volunteer Application

Full Name:																			
Birthday:																			
Address:																			
City, State, Zip:																			
Phone:																			
E-mail Address:																			
Work History																			
Volunteer History																			
Hobbies, Skills, & Limitations																			
<p>What is your availability?</p> <p><i>Please specify if you would like to volunteer once a week, once a month, or other</i></p>	<table> <tr> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>OTHER</td> </tr> <tr> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td></td> </tr> <tr> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td></td> </tr> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	OTHER	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>		PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	
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<p>Which of the following departments are you interested in volunteering with?</p>	<p><input type="checkbox"/> Life Skills Training Program <input type="checkbox"/> Transporting Residents - Appointments</p> <p><input type="checkbox"/> Taking Residents on Outings <input type="checkbox"/> Supervising residents in physical exercise/hangout</p> <p><input type="checkbox"/> Secretarial Work <input type="checkbox"/> Yard Work / Maintenance Projects <input type="checkbox"/> Other</p>																		
<p>Do you consent to us conducting a background check?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>																		
<p>Are you eligible to transport residents in our provided vehicles?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>																		

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Phone (work) _____ (home) _____

Driver License # _____

State Issuing _____ Expiration Date _____

Social Security No. _____ Date of Birth _____

This information can be released only to the Executive Director and the Assistant Director.

- | | | |
|--|------------------------------|-----------------------------|
| 1) Do you use illegal drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Have you ever been convicted of a
Felony offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Have you ever been charged with
neglect, abuse or assault? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PLEASE READ BEFORE SIGNING

I understand that:

- The information that I have provided may be verified.
- I give permission to 8th Street Community to make inquiries concerning my suitability to act as a volunteer.
- I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.
- The relationship between 8th Street Community and the volunteer is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or the organization.

In signing this authorization, I understand that this release will be used only for the purpose of obtaining information related to my application for Volunteer and will act as directed by staff. I knowingly and voluntarily permit 8th Street Community to conduct a background check to validate the information provided above.

Signed _____ Date _____