

# VOLUNTEER APPLICATION



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

1. How did you hear about our agency volunteer program? ▼ *Check all that apply*

- Friend  Newspaper  Internet  Brochure/Flyer  Other

Please list names and/or details:

\_\_\_\_\_

2. If employed, does your employer operate a corporate volunteer program?

- Yes  No

3. Is there any department or position that most interests you?

- Yes  No

*If yes*, please explain in the space provided:

\_\_\_\_\_

4. How many hours can you volunteer per week?

\_\_\_\_\_

5. Please check the days you are available:

- SUN  MON  TUE  WED  THUR  FRI  SAT

6. Time(s) available (please note if flexible):

\_\_\_\_\_

7. Are you available for on-call or one-time only projects as needed?

- on-call  one-time

8. What in particular attracted you to our agencies?

9. What skills, training, knowledge or past experience do you want to utilize?

\_\_\_\_\_

10. What training resources or support do you anticipate needing to do this volunteer work?

\_\_\_\_\_

11. Do you require any special accommodations?

- Yes  No

*If yes*, please note in the space provided:

\_\_\_\_\_

12. Have you ever been employed by any member agencies of Home Health Foundation? Date of resignation: \_\_\_\_\_  
*If yes*, please provide department.

13. Please provide names of any relatives employed at our organization, including relationship and department.

14. Are you 18 years or older?

Yes  No

15. Please provide a name and telephone number of a person we can contact in an emergency situation.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

16. Do you have a friend, family member or co-worker who you think would like to volunteer? If so, please fill out the information below so that we may to send him/her a separate application.

Potential Volunteer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Info: \_\_\_\_\_

17. Have you been convicted of a felony?

Yes  No

18. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?

Yes  No Record

19. If the answer to the above question is "yes," please state whether you were convicted more than five years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace).

Yes  No Record

A criminal conviction will not necessarily bar you from volunteering. To help us to evaluate your application, please describe your criminal conviction(s), listing the nature of your offense and your rehabilitation since the convictions(s).

An applicant to volunteer with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant to volunteer may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency, or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

## APPLICATION CERTIFICATION

I certify that the answers given herein and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials, will disqualify me from consideration for volunteer work and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this company or its agent to investigate and/or verify all information in this application, including contacting all persons and/or entities named herein.

I have read and understand the job description for the volunteer position for which I am applying and I verify I can perform the essential functions of the job.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received: \_\_\_\_\_ Interview Date: \_\_\_\_\_

CORI

HR

Orientation