**Employment/ Volunteer Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Occupation |
|
| Home Address | | | Email - Telephone number |
| Job Title | | |  |
|
| Employer | | | Work Performed |
|
| Address | | |  |
| Job Title | | |  |
|
| Supervisor | | | Supervisor Phone Number |
| May we contact this employer? Yes No |
| Employer | | Work Performed | |
|
| Address | |  | |
| Job Title | |  | |
|
| Supervisor | | Supervisor Phone Number | |
| May we contact this employer? Yes No |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. of Years Completed | Name and Address of School | Type of Course or Major | Degree | Did you Graduate |
|  | High/Prep School |  |  |  |
|  | Business/Technical |  |  |  |
|  | College/University |  |  |  |
|  | Graduate/Professional |  |  |  |
| Other (Seminars, Adult Education, Correspondence Courses) | | | | |

**Hobbies and Interests**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place an X by areas you are interested in and ***circle areas you are most interested*** in…

Homework Help One on one Tutoring Mentoring Supervising

Leading Programs Office Assistance Janitorial Work Maintenance

Fundraising Special Events Board Member Weekend and off site trips

Arts and Crafts Sports Video Games Board Games

Fund Development Committee Member Youth Advisory Board Business Liaison

Other: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Music

Are you required to volunteer for a school? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, how many hours are you required to volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Would you be willing to continue volunteering after completion of school hours? Yes \_\_\_\_ No\_\_\_ Possibly \_\_\_

Have you at any time ever:

* Been arrested for any reason? □ Yes □ No
* Been convicted of, or pleaded no contest to, any crime? □ Yes □ No

If the answer to any of these questions is “yes”, please explain in detail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous volunteer work you have done. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References** (*other than relatives that we may contact*)

|  |  |  |
| --- | --- | --- |
| Name/Relationship | Address (city and state) | Phone |
|  |  |  |
|  |  |  |
|  |  |  |

**Availability between 2:30pm and 5:30 pm M-Thursday and Friday noon to 5 weekends are for event supervisory**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Please list specific time(s) available to volunteer each day.***

**Applicant Verification and Release**

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein form liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation as it is necessary for all youth serving organizations.

**Printed name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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