



Center for Human Services

changing lives building futures helping families

VOLUNTEER APPLICATION

Full Name: _____
(Last) (First) (M.I.) (Other Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: (Home/Cell) (_____) _____ (Work) (_____) _____

Position(s) interested in: _____

How did you learn about this Agency?

Newspaper Website College/University Internet Site Friend Other _____

Dates/Times available for volunteer work: _____

Have you previously applied for a position within this agency? Yes No

Have you ever been interviewed through this agency? Yes No

If you answered yes, please indicate the date and position you applied for: _____

Have you ever been employed by/or volunteered with this agency? Yes No

If you answered yes, please indicate the dates and the position held: _____

Do you have any relatives currently working/volunteering through this agency? Yes No

List any language, other than English, that you can speak: _____

EDUCATION:

	<u>Name/Location</u>	<u>Graduate</u>	<u>Type of Degree</u>
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

List any license, degree or certificate you hold that is not listed above: _____

PROFESSIONAL/PERSONAL REFERENCES (Please include a minimum of 2 professional reference)

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

VOLUNTEER WORK EXPERIENCE: (Please describe program, duties, when and why you left)

EMPLOYMENT HISTORY:

Current Employer: _____ Employed Since: _____

Address: _____ Position: _____

City/State/Zip: _____ Supervisor: _____

Describe past employment/positions(s) held:

Employer	Job Title	Dates of Employment	Supervisor	Contact Phone

Please share any additional information that you feel would help us in considering your volunteer application with CHS (i.e., special skills and/or training, etc).

AFFIDAVIT

My signature below authorizes the Center for Human Services (CHS) to conduct a background investigation and I further authorize the release of all information in connection with my application for employment. I hold harmless any individual or firm who may provide information in connection with this investigation, including such information on criminal or civil convictions, driving records, previous employment history, personal and professional references and any other relevant information. This release includes the sources cited above as well as law enforcement agencies and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. I waive the right of access to any such information and, without limitation, hereby release CHS and all reference sources from any and all liability and/or damages.

In consideration of my application, I hereby take action for myself, my executors, administrator, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this activity and/or event, the following entities or persons: **Center for Human Services (CHS)**; their directors, officers, employee, volunteers, representatives and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity and/or event, whether caused by the negligence of release or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the activity and/or event.

I further certify that I made true, correct and complete answers and statements on this application and acknowledge that they may be relied upon in considering my volunteer application. I understand that any omission or false statement made on this application, or any supplement to it, may be sufficient grounds for my discharge should I become a volunteer with the Center for Human Services.

Print Name

Signature of Applicant

Date