



NEXT STEP

Volunteer Application

Contact Information

Name _____ Date _____

Home Address _____

Home Telephone _____

Business Address _____

Business Telephone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____

_____ Preferred Contact Location: Home Work

Valid Driver's License: Yes No

Emergency Information

Special medical needs/conditions _____

Emergency procedures (if applicable) _____

Emergency contact information:

Name _____ Relationship _____

Home Phone _____ Other Phone _____

Address _____

(street)

(city)

(state)

(zip)

What is your availability to volunteer?

Monday Hours _____

Tuesday Hours _____

Wednesday Hours _____

Thursday Hours _____

Friday Hours _____

Weekends Hours _____

Start date _____

Hours needed _____

Completion date _____



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Education/Experience

Highest level completed _____ Institution _____

Occupation _____

How did you hear about the _____

Why are you interested in volunteering _____

Previous volunteer experience(s) – attach additional sheets as needed

Interests: (Please mark all that apply)

- Organizing
 - Making telephone calls
 - Answering phones
 - Proofreading / editing
 - Cleaning
 - Using the copy machine
 - Data entry
 - Attention to detail work
 - Filing
 - Mailings / booking
- Teaching / training
- Staffing booths
- Planning, Steering or Other Committee Participation
- Special Events
 - Other _____
 - Other _____

Skills: (Please mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Web Publishing Software (e.g. PageMaker) | <input type="checkbox"/> Writing and / or editing articles or press releases |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Training |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Using copy machine |
| <input type="checkbox"/> Media technology | <input type="checkbox"/> Child development knowledge |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

What other specific skills, experience and/or resources can you offer

Would you be interested in helping out in special events throughout the year?

- Yes No

Do you have proficiency / skill in another language other than English in which you would feel comfortable assisting

- Yes No

If so which language(s)?

1. _____
- Speaking Ability Reading Ability Writing Ability
2. _____
- Speaking Ability Reading Ability Writing Ability



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EQUAL EMPLOYMENT OPPORTUNITY

Note: We are requesting EEO information on a voluntary basis. The purpose of requesting this information is to monitor our effectiveness in attracting minorities. The information collected is confidential. **Please check how you would designate yourself racially and/or culturally:**

Are you of Hispanic origin (This is defined as being a person of Mexican, Puerto Rican, Cuban, South American, or other Spanish Culture or origin, regardless of race)?

_____ Yes or _____ No

Race:

Caucasian

African American

Asian or Pacific Islander- a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.

Native American or Alaskan Native- A person with origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

Multi-Cultural - a person who would classify themselves as more than one of the above.

References:

Name _____ Title/Relationship _____

Organization Name _____

Address _____

_____ Telephone _____

Personal Professional E-mail _____

Name _____ Title/Relationship _____

Organization Name _____

Address _____

_____ Telephone _____

Personal Professional E-mail _____

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Note: Because of the sensitive nature of our work, we request the following information:

1. Have you ever been convicted of a crime?

Yes No

Please explain when, where and the nature of the offense below:

2. Are there any criminal charges, against you currently?

Yes No

Please explain when, where and the nature of the offense below:

3. Have you ever had a personal protection order against you?

Yes No

Please explain when, where and the nature of the offense below:

4. Have you ever been involved in the abuse or neglect of a child or adult?

Yes No

Please explain when, where and the nature of the offense below:



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5. Have you ever been involved with a protective service agency?

Yes No

Please explain when, where and the nature of the offense below:

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal from any volunteer job consideration. I authorize any references listed in this application to relay information they may have regarding my character and fitness for work on behalf of children. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect references provided on my behalf.

Applicant's Signature

Date

Witness Signature

Date

Print Witness Name