



Comprehensive Human and  
Community Development

## VOLUNTEER APPLICATION

*Please PRINT*

### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

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

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

Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Best time to call: \_\_\_\_\_

Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

Hobbies/Interests/Special Talents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member of Organizations/Groups: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked with disabled individuals?

Yes  No

If yes, in what way: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medical limitations that would affect you

volunteering?

Yes  No

Can you provide your own transportation?

Yes  No

What days/hours are you available for volunteer services:

DAYS:

HOURS:

\_\_\_\_\_ to

\_\_\_\_\_ to

\_\_\_\_\_ to

Previous Volunteer Experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION HISTORY:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Give name, address and phone number of three references not related to you. PLEASE USE COMPLETE ADDRESS.

- 1. Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**AREA OF INTEREST:** (If more than one area of interest, specify first, second, third choice)

**DIRECT ADULT SERVICES**

**ADULT:**

- \_\_\_ Recreation (trips, entertainment, sport events)
- \_\_\_ Holiday Parties
- \_\_\_ Transportation
- \_\_\_ Community Activities
- \_\_\_ Tutoring
- \_\_\_ Sportsman Advocate

**KIDS KAMPUS**

- \_\_\_ Developmental Programs (Teacher's Aide)
- \_\_\_ Field Trips Only
- \_\_\_ Transportation
- \_\_\_ Materials Preparation
- \_\_\_ Day Care
- \_\_\_ Arts/Crafts
- \_\_\_ Language/Speech/Hearing



**Applicant Authorization and  
Consent for Release of Information**

PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for possible dismissal. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the hiring decisions.

The Authorization and Consent for Release acknowledges that Pathfinder Services, Inc. may now conduct a verification and/or screening of any Criminal History Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below that employment with Pathfinder Services, Inc. is contingent upon satisfactory background verification.

I have read and understand this release and consent, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge Pathfinder Services, Inc., their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my employment application was denied based on information obtained by prospective employer, and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background screening report.

Applicant's Full Name (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

D/L # and State: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date