



VOLUNTEER APPLICATION

Date of application: _____ Date available to volunteer: _____

Full name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email address: _____

Emergency contact: _____ Telephone: _____

1. If you are under 18, can you provide a work permit? Yes No N/A
2. Are you legally eligible to work in this country? Yes No
3. Have you ever been employed or volunteered at Gifts In Kind? Yes No
4. Are you currently employed or currently a student? Yes No
If yes, where? _____
5. Will you need special accommodations to volunteer? Yes No
If yes, what? _____
6. Number of hours per week you can volunteer: _____

Availability: (keep in mind Gifts In Kind's business hours are 9:00-5:00 Monday-Friday)

	Monday	Tuesday	Wednesday	Thursday	Friday
Time in					
Time out					

7. What areas of our operation would you like to assist with? (Please check all that apply)

<input type="checkbox"/> IT Support	<input type="checkbox"/> Mailings	<input type="checkbox"/> Marketing/research
<input type="checkbox"/> Logistics/transportation	<input type="checkbox"/> Filing	<input type="checkbox"/> Computer entry
<input type="checkbox"/> Customer Service work	<input type="checkbox"/> Other (please specify): _____	

8. Have you ever been convicted of a crime or violation other than a minor traffic infraction?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain: _____
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Please note: A conviction record will not necessarily bar you from volunteer assignments. Factors such as date of offense, seriousness, and position applied for will be taken into account. A background investigation will be performed on all volunteer applicants.

9. How did you hear about the volunteer opportunities with our organization?

<input type="checkbox"/> Website (please specify) _____	<input type="checkbox"/> Employee referral
<input type="checkbox"/> Volunteer center (please specify) _____	<input type="checkbox"/> Other _____

10. What skills or knowledge do you have that could help our organization?

<input type="checkbox"/> IT Knowledge	<input type="checkbox"/> Data entry	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Logistics/transportation
<input type="checkbox"/> Public relations	<input type="checkbox"/> Marketing	<input type="checkbox"/> Communications	<input type="checkbox"/> Office administration
<input type="checkbox"/> Nonprofit administration	<input type="checkbox"/> Other: _____		



Please list any previous related volunteer or work experience:

Organization	Address/Location	Telephone	Type of Work

Please list three (non-family member) references that we can contact about your work and/or volunteer experience:

Name	Years Known	Relationship	Telephone

I certify that all information I have provided in order to apply for and secure a volunteer assignment is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from a volunteer assignment, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or personal interview.

I hereby waive any and all rights and claims I may have regarding the organization with which I am volunteering, its agents, employees or representatives, for seeking, gathering and using such information in the volunteer process and all other persons, corporations, organizations for furnishing such information about me. I agree that I will not disclose information that becomes known to me regarding the corporation that is confidential either during or after the termination of this volunteer relationship. Confidential information shall include all data and information that is not known or generally available to the public at large and which is or has been disclosed to me as a consequence of my volunteer relationship with the corporation. Upon termination of this assignment, I agree to immediately return to the corporation all documents or other tangible records, and any and all copies thereof, containing or reflecting confidential information. I recognize that any breach of these confidentiality provisions, whether intentional or inadvertent, has the potential to injure the corporation and will be treated by the corporation as a breach of the implicit trust in the volunteer relationship resulting in the immediate cessation of the relationship.

I certify that I have read, fully understand and accept all terms of the foregoing Volunteer Applicant Statement.

Signature of Volunteer Applicant

Date

Signature of Parent
(Signature of Parent or Guardian required if applicant is under 18)

Date