



VOLUNTEER APPLICATION
(Turn in to Volunteer Coordinator)

Contact Information:

Name: _____
Last First MI Preferred Name/Pronouns

Address: _____
Street City, State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Availability:

Days: M__ T__ W__ TH__ F__ SAT__ SUN__

Times: _____

Areas of Interests:

- Advocacy Volunteer
- Outreach Volunteer
- Peer Mentor Volunteer
- Program Support Volunteer
- Training Volunteer
- Special Event Volunteer
- Intern

Employment:

Are you currently employed? Yes__ No__ Employment Status: Full-Time__ Part-Time__

Name of Company: _____

Address: _____
Street City & State Zip

Telephone: _____ Name of supervisor: _____

Title: _____ Duties: _____

Education

Current Student? Yes__ No__ Student: Full-Time__ Part-Time__
Name of School Degree

Level of Education		
High School		
College		
Other		



Volunteer Experience:

Name of Company: _____

Address: _____
Street City & State Zip

Telephone: _____ Name of supervisor: _____

Title: _____ Duties: _____

Name of Company: _____

Address: _____
Street City & State Zip

Telephone: _____ Name of supervisor: _____

Title: _____ Duties: _____

Name of Company: _____

Address: _____
Street City & State Zip

Telephone: _____ Name of supervisor: _____

Title: _____ Duties: _____

Accommodations: (Please describe any accommodations needed to perform your specified volunteer work)

References: (REQUIRED- Recommendation should be from employer, previous volunteer organization, counselor, teacher etc.)

Name: _____ Relationship: _____

Address: _____

City/State: _____ Telephone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

City/State: _____ Telephone: _____

Email: _____



Please Read Before Signing the Volunteer Application

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I have not knowingly omitted or misrepresented any information requested on this application.

I understand that The Independence Center may conduct various background investigations concerning me through a private investigating agency or through its own staff. I further understand that these background investigations may include a criminal background check, and an examination of my driving record, prior employment records, and references. I authorize The Independence Center and any individual or agency employed by it to conduct criminal, prior employment and other background investigations as it may deem necessary and appropriate to evaluate any application.

In consideration of the receipt and evaluation of this application by The Independence Center, I hereby release The Independence Center and its agents, employees and representatives, and any individual, charity, youth organization, employer, and any other person or organization, including records custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of an investigation by The Independence Center of my background in connection with this application or release of information concerning me to The Independence Center.

I HAVE CAREFULLY READ THE FOREGOING ACKNOWLEDGEMENT/RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE OF MY OWN FREE ACT.

Volunteer Applicant's Signature

Date

The Independence Center reserves the right, in its discretion, to accept or reject the application of any person seeking to serve as a volunteer or intern. The Independence Center further reserves the right, in its discretion, to terminate its relationship with any volunteer or intern, at any time, with or without advance notice, and for any reason.

FOR THE IC PERSONNEL USE ONLY:

(Interviews will be provided by program coordinator or staff person assigned)

Interviewed by: _____

Date: _____