

# VOLUNTEER APPLICATION VAN BUREN COMMUNITY MENTAL HEALTH

PLEASE PRINT.

Volunteer Work Desired \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name  
\_\_\_\_\_  
LAST FIRST MIDDLE

Address  
\_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone #: ( ) \_\_\_\_\_ Work/Message/Other Phone #: ( ) \_\_\_\_\_

Can we contact you at work? Yes No Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Are you able to provide transportation for your self and/or consumers if required in the course of volunteer duties? Yes No

How many hours do you want to volunteer? \_\_\_\_\_ per: Week Month

Days and Hours Available to Volunteer:  
A.M. P.M. A.M. P.M.  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:**

My skills include:  
\_\_\_\_\_  
\_\_\_\_\_

My interests include:  
\_\_\_\_\_  
\_\_\_\_\_

I like to work with:  
\_\_\_\_\_  
\_\_\_\_\_

I want to learn more about:  
\_\_\_\_\_  
\_\_\_\_\_

I want to be a volunteer because:

How did you hear about the volunteer program?

List of organizations you belong to:

**EMPLOYMENT HISTORY**

Provide the following information for the last two (2) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE JOB RESPONSIBILITIES	
REASON FOR LEAVING		LIST SPECIAL TRAININGS COMPLETED	

FROM	TO	EMPLOYER	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE JOB RESPONSIBILITIES	
REASON FOR LEAVING		LIST SPECIAL TRAININGS COMPLETED	

**VOLUNTEER EXPERIENCE**

Provide the following information for previous volunteer experiences, starting with the most recent.

FROM	TO	ORGANIZATION	TELEPHONE ( )
POSITION HELD		ADDRESS	
SUPERVISOR		SUMMARIZE THE VOLUNTEER RESPONSIBILITIES	
REASON FOR LEAVING		LIST SPECIAL TRAININGS COMPLETED	
FROM	TO	ORGANIZATION	TELEPHONE ( )

POSITION HELD	ADDRESS
SUPERVISOR	SUMMARIZE THE VOLUNTEER RESPONSIBILITIES
REASON FOR LEAVING	LIST SPECIAL TRAININGS COMPLETED

**EDUCATIONAL BACKGROUND**

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

**REFERENCES**

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

VAN BUREN COUNTY COMMUNITY MENTAL HEALTH DOES NOT UNLAWFULLY DISCRIMINATE AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

IT IS THIS AGENCY'S POLICY NOT TO REFUSE TO ACCEPT QUALIFIED VOLUNTEERS WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_