Volunteer Application

You are not required to furnish information
Which is prohibited by federal, state, or local law

I. Business Experience: (most current employment)

Your name _____ Address _____

City _____ Zip _____ Home Phone (___) _____

Currently Employed? _____ Business Name _____

Business Phone (___) _____

Name & Title of Immediate Supervisor _____

Field of Interest: _____ Special Events (evenings/weekends) _____ Sewing

_____ Weaving _____ Ceramics _____Field Trips

_____ Arts & Crafts _____ Kitchen _____ Social Activities

_____ Handyman _____ Other

II. Other

Are you a U.S. Citizen? Yes No

Are there any personal, financial, or family circumstances which might conceivably have bearing on any aspect of job performance? _____

_____

Have you ever been convicted of a felony? Yes No

If so, explain _____

_____

Why do you desire to volunteer with Community Center for the Blind? _____

_____

Do you feel there is anything else we should know about you? _____

_____

The information provided in this volunteer application is true, correct, and complete. If selected as a volunteer, I understand that any misstatement or omission of fact on this application may result in my dismissal.

I Understand that acceptance as a volunteer or an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize all schools, credit bureaus and law enforcement agencies to supply information concerning my background. I understand that I have a right to request disclosure of the nature, scope and results of such an inquiry. I understand that if any statement herein is not true, an offer to perform volunteer work with this agency may be withdrawn.

Signature _____ Date _____