

Volunteer Application



APPLICANT INFORMATION											
Last Name					First				M.I.	Date	
Street Address							Apartment/Unit #				
City					State				ZIP		
Phone					E-mail Address						
Date Available					Social Security No.						
Please indicate below the days and hours you are available to volunteer:											
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	Sunday
Are you at least 18 years of age?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for The Resource Center?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony or misdemeanor?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are there any pending criminal charges against you in any jurisdiction?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION											
High School					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three references that can attest to your character.</i>											
Full Name						Relationship					
Address											
Phone											
Full Name						Relationship					
Address											
Phone											
Full Name						Relationship					
Address											
Phone											

