Volunteer Application



APPLICANT INFORMATION																			
Last Name						First				M.I. Date			e						
Street Ad	dress										Apartment/Unit #								
City									ate				ZIP						
Phone								E-r	mail Ado	dress									
Date Available									Social Security No.										
Please indicate below the days and hours you are available to volunteer:																			
Monday		Tuesday			Wednesday			Thurso	Jay		Friday		Saturday			Sunday			
Are you at least 18 years of age? YES							YES 🗌	NO											
Are you a citizen of the United States? YES								NO		If no, are you authorized to work in the U.S.? YES NC						NO 🗌			
Have you ever worked for The Resource YES							NO		If so, when?										
Have you ever been convicted of a felony or misdemeanor?						′ES 🗌	NO		If yes, explain										
Are there any pending criminal charges against you in any jurisdiction?							′ES 🗌	NO		If yes, ex	If yes, explain								
EDUCATION																			
High Scho								Ado	dress	ress									
From		To Did you g				ou gra	aduate?	e? YES 🗌		NO 🗌	Degree								
College		Address																	
From	To Did you gra				aduate?	YE	s 🗆	NO 🗌	C	Degr	ree								
Other	Address																		
From		To Did you gradu				aduate?	YES NO Degree				ree								
REFERE	INCE	S																	
Please lis	t thre	e refe	erence	es that cal	n attes	st to yo	our charad	ter.											
Full Name						Relationship													
Address																			
Phone																			
Full Name	ne							Relationship											
Address											_								
Phone																			
Full Name									R	elati	ions	ship							
Address										I			ł						
Phone																			

LAST PLACE OF EMPLOYMENT (IF YOU DO NOT HAVE ANY WORK HISTORY, ENTER "NO WORK HISTORY.")													
Company							Phone						
Address								Supervisor	-				
Job Title						Star	ting Salary	\$		Ending Sa	alary	\$	
Responsibilities													
From To Reason for Leaving													
May we d	contact	t your	previou	us superv	risor for a refere								
List your experiences or hobbies that you are willing to share with our individuals:													
MILITA	ARY S	ERV	ICE										
Branch									From		То		
Rank at I	Discha	rge							Туре о	e of Discharge			
If other t	If other than honorable, explain												
DISCLA	AIME	r an	ID SIG	NATUR	E								
I certify that my answers are true and complete to the best of my knowledge. If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.													
Signature	e									Date			