CEDARS

CEDARS Volunteer Application (1 of 3)

EEO/AA/ADA

GENERAL

I am applying to be a: (please check only one) ( ) Community Volunteer ( ) Student Volunteer ( ) Mentor

Last Name	First Name	MI	Social Security #	
Current Address	City	State	Zip	Date
Permanent Address	City	State	Zip	
Home Phone	Work Phone	Cell Phone		
Drivers License Number (include state)	Date of Birth	Email Address		

Are there any health issues or physical limitations that could affect volunteer work or require placement modifications? ( ) Yes ( ) No
If yes, please describe:

SCHEDULE OF AVAILABILITY (please check days and times available)

( ) Monday ( ) Friday ( ) Morning (8:00 am to noon)
( ) Tuesday ( ) Saturday ( ) Afternoon (noon to 5:00 pm)
( ) Wednesday ( ) Sunday ( ) Evening (5:00 pm to 8:00 pm)
( ) Thursday

Frequency of volunteer availability (e.g., weekly, semiweekly, monthly, semimonthly)

Comments regarding schedule of availability

EDUCATION

	Name of School	Years Completed	Major Subjects	Year of Degree/Diploma
High School		9 10 11 12		
University/College		1 2 3 4		
Graduate School		1 2 3 4		

Related Education/Achievements (licenses, trainings, certificates, honors)

PROFESSIONAL EXPERIENCE (List present and past employment, including military and volunteer, beginning with the most recent)

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving		
Specific Duties		

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving		
Specific Duties		

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving		
Specific Duties		

Please note: this application continues on next page.

VOLUNTEER EXPERIENCE (List present and past volunteer and military experience, beginning with the most recent)

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving		
Specific Duties		

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: *Mo/Yr*	To: *Mo/Yr*
Reason for Leaving		
Specific Duties		

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or interests.

PERSONAL REFERENCES (Other than relatives)

Name	Phone
Address	Relationship
Name	Phone
Address	Relationship
Name	Phone
Address	Relationship

Do you have any pending charges of a violation of law, other than a minor traffic violation? ( ) YES ( ) NO

If YES, please explain:

Have you ever been convicted of a violation of law, other than a minor traffic violation? ( ) YES ( ) NO

If YES, please explain:

Note: a conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. Unless otherwise expressly stated in a written appointment to a position or in a written contract of employment duly approved and executed by CEDARS, employees are considered at will, and either CEDARS or the employee may terminate the employment relationship upon giving the proper advance notice. I grant permission to CEDARS to investigate my employment record, educational record, criminal record, and other records to verify the information I have provided on this application and release CEDARS from any liability resulting from such investigation.

Signature _____ Date _____

RECRUITMENT SOURCE

How did you hear about volunteer opportunities with CEDARS?

( ) Friend/Neighbor/Relative
( ) Newspaper Ad
( ) College/University
( ) CEDARS Board/Staff Member
( ) Career/Volunteer Fair
( ) CEDARS Website
( ) Other (please specify) _____

Applicant, please continue to page (3 of 3)

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DEMOGRAPHIC INFORMATION (Providing this information is completely voluntary)

We request your cooperation in completing the following voluntary applicant demographic information. This information will not be used in making any decision affecting employment or any personnel action following employment. It will be used to complete records required of CEDARS by governing authorities.

Today's Date: *Mo/Day/Yr*	Name: *Last/First/Middle Initial*	( ) MALE ( ) FEMALE	Date of Birth: *Mo/Day/Yr*

Social Security Number:	Recruitment Source	Position Applying For:

Ethnic Background

( ) WHITE (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

( ) BLACK (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.

( ) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish culture or origin, regardless of race.

( ) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

( ) ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent or Pacific Islands. For example, China, Japan, Korea, the Philippines Islands, and Samoa.

Do you have a physical or mental disability? ( ) YES ( ) NO
If yes, please explain:

Citizenship or Immigration Status

( ) U.S. Citizen

( ) Immigrant alien (admitted to the U.S. for lawful permanent residence) with Alien Registration Receipt form I-551

( ) Nonimmigrant alien (admitted to the U.S. temporarily for specific purpose)

Please note: this application continues on next page.