



GENERAL				
I am applying to be a: (please check only one) <input type="checkbox"/> Community Volunteer <input type="checkbox"/> Student Volunteer <input type="checkbox"/> Mentor				
Last Name	First Name	M.I.	Social Security #	
Current Address	City	State	Zip	Today's Date
Permanent Address	City	State	Zip	
Home Phone	Work Phone	Cell Phone		
Drivers Licence 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				

SCHEDULE OF AVAILABILITY (check days and times available)		
<input type="checkbox"/> Monday	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning (8:00 am to Noon)
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Afternoon (Noon to 5:00 pm)
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Evening (5:00 pm to 8:00 pm)
<input type="checkbox"/> 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, certifications, honors)				

PROFESSIONAL EXPERIENCE (List present and past employment 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:		

CEDARS *Volunteer Application (2 of 3)*

EEO/AA/ADA



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.

REFERENCES (Other than relatives)

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

Have you ever been convicted of a violation of law other than a minor traffic violation? NO YES
 If YES, please explain:

Note: a conviction record is not an automatic bar to placement. 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 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 CEDARS Board/Staff Member Other (Please Specify): _____
 Newspaper Ad Career/Volunteer Fair
 College/University CEDARS Website



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 governmental authorities.

Today's Date: Mo/Day/Yr		Name: Last/First/Middle Initial		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: Mo/Day/Yr	
Social Security Number:			Recruitment Source:		Position Applying for:		
<p>Ethnic Background</p> <p><input type="checkbox"/> WHITE (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> BLACK (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islands. For example, China, Japan, Korea, the Philippines Islands, and Samoa.</p>				Do you have a physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
				<p>Citizenship or Immigration Status</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Immigrant alien (admitted to the U.S. for lawful permanent residence) with Alien Registration Receipt form I-551</p> <p><input type="checkbox"/> Nonimmigrant alien (admitted to the U.S. temporarily for specific purpose).</p>			