

VOLUNTEER APPLICATION

Date received: _____	Placed Date: _____	<input type="checkbox"/> Bckgrnd Check
Date entered: _____	Site/job: _____	<input type="checkbox"/> Confidentiality Agrmt
Orientation Date: _____	Ref #1 <input type="checkbox"/> Ref #2 <input type="checkbox"/> Ref #3 <input type="checkbox"/>	<input type="checkbox"/> Volunteer Agreemt
Notes: _____		

PERSONAL INFORMATION:

First Name	Middle Initial	Last Name	Birthdate
Street Address			
City	State	Zip Code	
Home Phone	Work Phone		
E-mail Address			

EMPLOYMENT INFORMATION:

Employer _____

Occupation _____

May we contact you at work? Yes No

AREAS OF INTEREST (PLEASE CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> Clothing Bank (Central & Prescott only) | <input type="checkbox"/> Education Services |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Career Coaching | <input type="checkbox"/> Other _____ |

OFFICE LOCATION (FOR OFFICE VOLUNTEERS ONLY):

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Central Office | <input type="checkbox"/> East Phoenix | <input type="checkbox"/> Prescott |
| <input type="checkbox"/> Tempe | <input type="checkbox"/> Sunnyslope | <input type="checkbox"/> Gilbert/Chandler |

AVAILABILITY:

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Time							

EDUCATION AND TRAINING:

Type	Name	City/State	Years Completed	Degree/Major/Certificate

Skills, training, related experience: _____

Licenses, certifications, etc: _____

VOLUNTEER EXPERIENCE:

From/To	Organization	Position Title	Description of Duties

BACKGROUND:

Are you licensed to operate a motor vehicle in this state? Yes No

If no, list state in which you are licensed _____

Has your license ever been revoked? Yes No

Have you ever been convicted for possession and/or selling of an illegal drug or convicted of any criminal offense?

Yes No

If you answered yes to any of these questions, please explain: _____

Personal References:

List three (3) personal references not related to you.

Name	Relationship	Address	Phone

How did you hear about AWEE? Friend Internet TV/Radio Newspaper/Ad
 Special Mail/E-mail Other _____
 Event

I certify that all the information provided on this application is, to the best of my knowledge, true and accurate. I authorize AWEE to contact the references and to conduct an investigation of my background, as deemed appropriate and as allowed by law. I understand that all information provided will be kept confidential. I understand that AWEE will use this information as part of its verification of my volunteer application. I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date.

Printed Name _____ Date _____

Signature _____