



Community Resource Services

33479 Lake Road, Suite C

Avon Lake, OH 44012

Phone: 440/933-5639

www.aalcrs.org

Appt. Date: _____

Date Started: _____

Date: _____

VOLUNTEER APPLICATION
(Please print clearly and complete all areas.)

Personal Data

First Name: _____ MI: _____ Last Name: _____

Address Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____ @ _____ Birthday (Month/Day): _____

Emergency Point of Contact: Name: _____ Phone: _____

Relationship: _____ Alt Phone: _____

Volunteer Information

Where would you like to volunteer?

() Front Desk receptionist () Salvation Army bell ringing () Maintenance

() Pantry and Grocery workers () Help with food drives () Computer/Data Entry

() Bread Donation Pick-up () Charity Ball () Other: _____

() Ambassador for CRS () Help with special events

Days and times that you are willing to commit as a volunteer:
(Regular Office hours M-F 10:00 a.m. – 2:00 pm)

DAYS:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIMES: (from/to)	_____	_____	_____	_____	_____	_____

Referred by/learned about Community Resource Services from: _____

Work History Information

Employer: _____ City/State: _____ (Prior employer if retired)

Retired () Student ()

Type(s) of work experience: _____

Other volunteer experience(s): _____

Experience you consider relevant to position of interest: _____

Are there any tasks you may be unable to perform: (lifting/standing for extended periods, etc.) _____

References (Please list two other than relatives)

Name: _____ Address: _____

City/State: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____

City/State: _____ Phone: _____ Relationship: _____

Have you ever been convicted of a crime? () No () Yes

(Answering yes does not automatically prohibit service)

If yes, describe in full: _____

Affirmation and Background check

I affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that the information provided on this form is to be used only by Community Resource Services for the purpose of its volunteer program.

I authorize investigation of the information contained in this application which may include a background check or other screening if appropriate to the volunteer program.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Confidentiality Agreement

Community Resource Services must safeguard our clients' right to privacy by treating and protecting all information as CONFIDENTIAL.

Therefore, I shall safeguard and treat as confidential, any and all information (whether acquiring through verbal communication, written records or observation) regarding any client, which I may receive through my affiliation with Community Resource Services as a volunteer.

I have read and understand this STATEMENT OF CONFIDENTIALITY.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____