



33479 Lake Road, Suite C
Avon Lake, OH 44012
Phone: 440/933-5639
www.aalcrs.org

Date: _____

Appt. Date: _____

Date Started: _____

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:	_____			

Volunteer Information

Where would you like to volunteer?						
<input type="checkbox"/>	Front Desk receptionist	<input type="checkbox"/>	Salvation Army bell ringing			
<input type="checkbox"/>	Help with food drives	<input type="checkbox"/>	Office Maintenance			
<input type="checkbox"/>	Bread Donation Pick-up	<input type="checkbox"/>	Charity Ball Fundraising Committee			
<input type="checkbox"/>	Computer/Data Entry	<input type="checkbox"/>	Grocery packing in food pantry			
<input type="checkbox"/>	Help with special events	<input type="checkbox"/>	Other:	_____		
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/Volunteer History

Employer:	_____	City/State:	_____	(Prior employer if retired)	
	Retired (<input type="checkbox"/>)	Student (<input type="checkbox"/>)			
Type(s) of work experience:	_____				
Other volunteer experience(s):	_____				

(continued)

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: _____

Please return completed application to Amy Good at agood@aalcrrs.org.