



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/food donations | <input type="checkbox"/> Food Delivery to Clients |
| <input type="checkbox"/> 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 p.m.) Closed on Fridays from Memorial Day to Labor Day

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 ()

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: _____
(if under 18 only)

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: _____
(if under 18 only)

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