

YOUTH SHELTERS
VOLUNTEER APPLICATION
Please return completed application to Rebecca Pike
rpike@youthshelters.org
phone 983-0586 x112 fax 424-0949

Name: _____ Social Security #: _____

Street Address City State Zip Code

Day Telephone Number Evening Telephone Number Email

How did you learn about Youth Shelters? _____

Volunteer Availability and Preferences

Please describe your interest in our agency, your skills, experiences, expertise and activities that you would like to share and be involved in as a volunteer. You may wish to include community or civic activities, professional associations, activities, special training, etc.

Date available: _____ Days _____ Evenings _____ Nights

Number of Hours Available Per: _____ Day _____ Week _____ Month
_____ Weekends _____ Holidays

Please Note: Placement of volunteers is subject to Program needs and candidate compatibility as determined by the Program Director and the Volunteer Coordinator.

Education and/or Training (include current information)

<u>School Name and Location</u>	<u>Dates Attended</u>	<u>Type of Study</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Criminal Background

Youth Shelters is prohibited from considering volunteer services by anyone convicted of a felony or moral turpitude. Have you ever been convicted of any crime, including sex-related, child abuse-related, **or any criminal offense** other than a minor traffic violation? .

If yes, please explain:_____

References

We prefer that at least 3 of your 4 references be either current or previous supervisors. ***Please do not list relatives or friends.***

Name	Relationship	Telephone #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

YS volunteers are required to have or complete the following:

- A. Criminal Records Check (depending on provision of services)
- B. Verification of employment for the last 3 years
- C. Reference checks
- D. Current Driver’s License
- E. Signed YS’ policy statements
- F. Attend required trainings

Equal Employment Opportunity

Youth Shelters is an equal opportunity employer and considers all applicants for employment, internship and/or volunteerism on the basis of job qualifications without regard to race, color, gender, pregnancy, marital status, disability, religion, national origin, ethnic background, sexual preference, military service or citizenship. Your application will be given every consideration, but our receipt of it does not guarantee that you will be accepted for volunteer service.

Starting with your present or most recent employer, list your **last three** years of employment. Use the back of this page if you need more space.

Present or Most Recent Employer: (Please indicate if this employer may not be solicited for employment information)

Employer Name	Address	Telephone Number
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Employed: From: _____ To _____ Salary: _____ Hourly: _____
Immediate Supervisor: _____
Starting position title: _____
Ending position title: _____

Reason for leaving job: _____

Next Previous Employer:

Employer Name	Address	Telephone Number
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Employed: From: _____ To _____ Salary: _____ Hourly: _____
Immediate Supervisor: _____
Starting position title: _____
Ending position title: _____

Reason for leaving job: _____

Next Previous Employer:

Employer Name	Address	Telephone Number
---------------	---------	------------------

Employed: From: _____ To _____ Salary: _____ Hourly: _____
Immediate Supervisor: _____
Starting position title: _____
Ending position title: _____

Reason for leaving job: _____

Volunteer Applicant Statement

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the statements made by me on this application are true, complete and correct to the best of my knowledge. I hereby grant permission to Youth Shelters and its agents and employees to inquire or otherwise confirm the information I have given in the Volunteer application process. I understand that any willful misrepresentation of facts given in this process may constitute grounds for rejection of this application or termination of Volunteer services.

By my signature below, I give my permission to all previous employers and other persons, public entities or businesses associated with my person and employment background to release any and all oral or written information about me to Youth Shelters or its employees and agents. I hereby release any references or other persons contacted for background information about me from any and all claims, liability and damages that may arise out of the provision of such information.

By my signature below, I understand that any information received by Youth Shelters in the process of obtaining reference information is strictly confidential and will not be disclosed to me.

By my signature below, I understand that a **criminal background check** is a requirement of my desired provision of services as a volunteer with Youth Shelters, and I hereby give my permission to Youth Shelters, as well as any public entity authorized or responsible for conducting the search, for such a check of my background to occur.

By my signature below, I hereby waive any laws, regulations and rules of ethics which might otherwise prevent any person, business or public entity from disclosing any and all information relevant to my application for providing services on a volunteer basis with Youth Shelters. Photocopies of this signed authorization shall be as valid as the original.

My signature below acknowledges that I have read and understand the above statement and agree to the contents.

Applicant Signature

Date

Print Applicant Name