

**Volunteer Application**

## Contact Information

Applicant name:

Address:

City/Town

 State

Zip code

Primary Phone: ( ) - Other Phone: ( ) -

Best method and time to reach you

Emergency contact person name:

Relationship:

Primary Phone: ( ) - Other Phone: ( ) -

**Applicant Information**

1. Do you speak any other languages than English? Please list languages.

1. Please tell us about your work experience, including paid and volunteer positions.

*If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the volunteer position. If you need additional space, please attach another sheet of paper.*

1. Do you speak any other languages than English? Please list languages.

1. Please tell us about your work experience, including paid and volunteer positions.

*If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the volunteer position. If you need additional space, please attach another sheet of paper.*

1. Organization:

City/State:

Position/Title:

Type of Work:

Years: to

Role: Paid Employee Volunteer Other

1. Organization:

City/State:

Position/Title:

Type of Work:

Years: to

Role: Paid Employee Volunteer Other

1. Organization:

City/State:

Position/Title:

Type of Work:

Years: to

Role: Paid Employee Volunteer Other

1. Please describe any skills or experience that would enable you to perform the duties of a volunteer.

Do you have any medical conditions that may affect your ability to function as a volunteer, or do you require any special accommodations that the program coordinator or coordinator should be **aware** of? Yes No

If yes, please describe.

1. Are you licensed to drive an automobile Yes No

*If you will be driving to and from events or to conduct outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this Information at a later point in the screening process.*

1. Certain conflicts between personal interests and the interests of some programs may exist and could prevent a person from serving as a volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with TARCOG. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

# Interest in TARCOG Programs

1. How did you learn about TARCOG programs?
2. Please tell us why you would like to become a volunteer?
3. Please indicate the days and times that you are usually available.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Note: To ensure the safety of our clients, volunteers, and the communities we serve,** applicants for certain volunteer positions will be **asked** to consent to a criminal record check. **If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.**

# Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the TARCOG to contact the references named below with regard to my application to become a TARCOG volunteer. I also authorize the persons referenced to provide information in connection with my application and release them from any liability in regard to it.

Signature: Date:

**References**

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

* 1. Name (first, last):

Phone number: ( ) How long known? Relationship:

* 1. Name (first, last):

Phone number: ( ) How long known? Relationship:

* 1. Name (first, last):

Phone number: ( ) How long known? Relationship: