

## VOLUNTEER APPLICATION

Application Date: \_\_\_\_\_

### ***VOLUNTEER POSITION SOUGHT***

Give Back Garden     Clothing     Other (specify): \_\_\_\_\_  
 Summer Foods Program     Food Pantry     Any Available Position

### ***CONTACT INFORMATION***

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EDUCATION

College/University, if applicable: \_\_\_\_\_  
Major: \_\_\_ Expected Graduation Date: \_  
Highest Level of Education: \_

### EMPLOYMENT

Current Employer, if applicable: \_\_\_\_\_  
Position/Title: \_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_

### SKILLS & EXPERIENCE

Special training, skills, hobbies: \_\_\_\_\_ Groups, clubs, organizational memberships: \_\_\_\_\_ Please describe any relevant volunteer/work experience, include organization names & dates:

Why do you want to volunteer?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? Yes No

### AVAILABILITY

***Please write in the hours you are available.***

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<b><i>Morning</i></b> <b><i>(8 am - 12 pm)</i></b>					
<b><i>Afternoon</i></b> <b><i>(12 pm - 5 pm)</i></b>					

***Other Availability:***

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***Number of hours per week or month (circle one):*** \_\_\_\_\_

***Start date:*** \_\_\_\_\_

***End date:*** \_\_\_\_\_

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity not an employment agreement. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Champaign--Urbana Public Health District or my termination as a volunteer.

Signature Date \_\_\_\_\_