



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

VOLUNTEER APPLICATION

Application Date _____
Volunteer Position Sought _____
Name _____
Home Address _____
Work Phone _____ Home Phone _____

EDUCATION

College/University: (If applicable)

Major: _____ Expected Graduation Date: _____
Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____
Dates of Employment (starting, ending) _____
Company/Employer _____
Address _____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____
Groups, clubs, organizational memberships _____
Please describe any prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer for CUPHD's food pantry?

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? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

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 _____