

Volunteer Application

Full Name:	Date:					
Address:			_			
City:	State:	Zip:				
Phone: (home)	(cell)		-			
Date of Birth (m/d/yyyy)	Gender:		_			
Marital Status: Em	nail:		-			
Facebook Name:	Twitter Na	me:	_			
Position Volunteering for:						
What times are you interested in volume	nteering?					
Why do you want to volunteer with th	e Chosen People Op	pportunity Center?				
In your own words, briefly describe th	ne purpose of Chosen	n People Opportunity Center:				
Describe your past experience with fo	rmer inmates (leave	blank if none):				
Please list any special skills or talents	you have?					
What attitudes and beliefs are of special importance to you?						
Do you believe everyone deserves a se	econd chance? Why	or why not?:				

Employment & Education History

Present Employer:							
Address:	City:		St:	_Zip:			
Occupation:	on:# of Years with Employer:						
	Work Phone:						
Education							
High School:	Years Att	tended:	_ Diploma R	Received:			
College/University/Technical Scho	ool:						
Major:							
Skills, Experience & Interests							
(Please check all that apply)	, _r						
11 37							
Finance, accounting:		Education, instruction:					
Personnel, human resources:	Special events:						
Administration, management:	Grant writing:						
Nonprofit experience:	Fundraising:						
Community service:	Outreach, ac		vocacy:				
Policy development:							
Program evaluation:	Other:						
Public relations, communications:	ommunications: Other:						
Please list any groups, organization of Chosen People Opportunity C							
Please tell us anything else you'd l	ike to share.						

References Please give names, address and telephone number of three references that are not related to you but have known you for at least two or more years. APPLICANT'S STATEMENT I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a volunteering decision. This volunteer application shall be considered active for a period of time not to exceed six months. I hereby understand and acknowledge that unless defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means the volunteer may resign at any time and the Agency may discharge the volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of volunteering, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Agency. Applicant's Signature Date For Chosen People Opportunity Center Use Only Date Interview Conducted: ____/____ Recommendation: _____ Background Check Conducted: Date ____/___ Time: ____

Staff Signature: