



Volunteer Application

SECTION ONE: GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Today's Date / /

Please double click to fill in application.

Name <input type="text"/>		
Address <input type="text"/>		Apt. <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>

Home Phone: <input type="text"/>	Cell Phone <input type="text"/>
E-Mail: <input type="text"/>	
Emergency Contact(s): <i>Full name, address and phone number</i> <input type="text"/> <input type="text"/>	

VOLUNTEER INTERESTS	<input type="checkbox"/> Social Media	<input type="checkbox"/> Photography
<input type="checkbox"/> Community Service	<input type="checkbox"/> Videography	<input type="checkbox"/> Graphic Design/Art
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Special Events	<input type="checkbox"/> Education
<input type="checkbox"/> Other		

Education			
Education Level Completed	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational School	<input type="checkbox"/> Master's
	<input type="checkbox"/> 2-year College	<input type="checkbox"/> College	<input type="checkbox"/> Doctorate
Applicable Skills / Certifications / Licensures that apply to the volunteer opportunity (Please list, if applicable.)	First Aid Certification		CPR Certification
	<input type="checkbox"/> Yes <input type="checkbox"/> NO		<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Exp. Date: <input type="text"/>		Exp. Date: <input type="text"/>



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SECTION TWO: EMPLOYMENT INFORMATION (PLEASE PRINT)

Occupation _____	Employer Name _____
Address (Street, City, State, Zip code) _____	Email _____
Work phone _____	Fax _____
Length of employment: From _____ to _____	
Name of Supervisor _____	Title _____

SECTION THREE: Background Screening (this information will be kept confidential and secure)

Will you agree to have Generation Prodigy check your background through federal and state agencies for criminal records and child abuse and neglect proceedings (please complete and check the box below)?

YES NO

Date of Birth: _____/_____/_____

Social Security Number (Required for criminal records check): _____ - _____ - _____

Do you have a valid Driver's License? Yes No

State Issue: _____ Date Issue: _____ Expire Date: _____ Number: _____

Have you ever been convicted of any criminal offense other than minor traffic violations? If yes, please explain (A conviction record does not necessarily bar you from volunteering. Factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into consideration.)

YES NO

If "Yes", please explain: _____



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REFERENCES

Please list the names, street or e-mail addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Relationship: _____

Reference 2: Name: _____ Years Known: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Relationship: _____

Reference 3: Name: _____ Years Known: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Relationship: _____

Please read this carefully before signing:

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check. and to secure any necessary information from all my employers, references and any appropriate governmental agencies. I hereby release all of the above mentioned parties and GP from any and all liability arising from their giving or receiving information about my suitability for volunteering with GP. I understand that any volunteer placement is contingent upon receipt of a satisfactory report concerning my credentials, employment references, driving record, criminal convictions record and child abuse/neglect record required for this opportunity.

I further understand that any false or misleading statements will be sufficient cause for rejection of my application or immediate dismissal if GP has or has not assigned me. I also authorize GP to supply information about my volunteer record, in confidence to any prospective employer, governmental agency or other party having a legal and proper interest and I hereby release GP from any and liability for providing this information.

I understand that nothing in this volunteer application, in GP's policy statement or personnel guidelines, or in my communications with any GP official is intended to create an employment contract between GP and me. I also understand that GP has the right to modify its policies without notice of the changes. No promise regarding employment have been made to me.

Signature: _____ Date: ____/____/____