



Mano a Mano Family Resource Center PROGRAM VOLUNTEER APPLICATION

All volunteer applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

VOLUNTEER POSITION APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION

Legal name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Home Telephone: _____ Other Telephone: _____

E-mail: _____ Social Security #: _____

Driver's License #: _____ State: _____
(if position requires operation of a company vehicle)

Have you ever been convicted of a crime? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION

When are you available to volunteer? _____

When could you start? _____

How did you hear about this volunteer opportunity? _____

EMPLOYMENT / VOLUNTEER HISTORY *(Most recent first)*

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: _____ To: _____			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp			
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
2. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: _____ To: _____			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp			
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
3. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: _____ To: _____			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp			
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
4. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: _____ To: _____			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp			
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			

EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: _____

SKILLS

Clerical / Office skills		
Computer skills	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
Languages		
Other special knowledge or skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application: _____

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

I authorize Mano a Mano to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position and to perform a background check if working with children.

I agree to conform to the rules, regulations and policies of Mano a Mano.

I hereby acknowledge that I have read and fully understand this application.

Signature of Applicant

Date