

CHARLES SETTLEMENT HOUSE

Today's Date:	Start Date:
Volunteer/Intern Position:	
PERFORM FINGERPRINT CLEARANCE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Already Cleared	

Volunteer/Intern Application
Personal Information

Last Name, First				
Permanent Address		Home Phone	Work Phone	Best Time to Call
City	State	Zip	If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime which has not been expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
A criminal conviction will not necessarily be a bar to volunteering. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation				
Emergency Contact Name and Relationship			Emergency Contact Phone Number	
MEDICAID/MEDICARE Excluded Provider Information Have you ever been excluded from participating in a federal, state or private Healthcare program including Medicaid or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Volunteer Opportunities and Experience

Have you ever volunteered with our agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		In What Position?
Please detail any Previous Volunteer Experience:		
Please Check area of Volunteer Interest:		
<input type="checkbox"/> Academic Tutor	<input type="checkbox"/> Fundraising Activities	<input type="checkbox"/> Computer Instruction
<input type="checkbox"/> Mentor	<input type="checkbox"/> Clerical assistance	<input type="checkbox"/> General
Please indicate any other experience and/or activity you are interested in volunteering for:		
Please indicate days and hours you are available between 8:30 am – 4:00 pm:		Do you need to volunteer as a Community Service requirement? If yes, for how many hours and for what reason (i.e. school etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Name & Location	# Of Years	Curriculum	Degree/Date Received
High School			
College			
Other			

Certification & Licensing

NY State Certifications/Licenses	Certification/License #	Date Received	Date Expired	Permanent or Provisional

Suspension/Revocation: Yes No If yes, please explain

Referral Source

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Agency Website	<input type="checkbox"/> Other Website (please identify) _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other

Employment (begin with most recent employer)

From	To	Employer	Phone #	City, State
Job Title		Supervisor's Name		
Duties				
Starting Salary		Final Salary	Reason for Leaving	
From	To	Employer	Phone #	City, State
Job Title		Supervisor's Name		
Duties				
Starting Salary		Final Salary	Reason for Leaving	
From	To	Employer	Phone #	City, State
Job Title		Supervisor's Name		
Duties				
Starting Salary		Final Salary	Reason for Leaving	
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been terminated or released from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Personal or Business References – Please Indicate three

Name and Address	Phone Number	Email Address	Occupation

Applicant Statement

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal from volunteer activities with CSH. I hereby authorize the Charles Settlement House to obtain reference information about me and release all persons from liability for doing so.

I understand that while volunteering/interning with CSH, I agree to abide by all of CSH's rules, regulations and policies. I further understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

Date

Signature of Applicant

All persons shall have the opportunity to be considered for volunteering without regard to their race, creed, color, national origin, sex, age, disability, marital status, sexual orientation or citizenship status.