



VOLUNTEER SERVICE APPLICATION

Application Date: _____ **Volunteer Position Sought:** _____

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Education

Highest Level of Education _____

Employment

Current Employer, if applicable _____

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

No Yes

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer supporting the field of human services and the needs of individuals and their families with developmental disabilities or acquired brain disorders.

Why do you want to volunteer? [or What do you want to gain from this volunteer experience?]

Conviction Information:

Volunteering is contingent upon an acceptable criminal record check, and if a waiver is required, the waiver request is accepted by either the individual being supported or their guardian, the State of NH and the Agency.

Have you ever been convicted of a felony, misdemeanor or violation (excluding minor motor vehicle offenses) that has not been annulled? No Yes

Has an allegation of abuse and/or neglect ever been founded against you? No Yes

If yes, please explain: _____

Have you ever been:

(a) convicted of a criminal offense related to a health care or

(b) listed by the government as debarred, excluded, or otherwise ineligible for federal (i.e., Medicare) or state

participation? No Yes

If yes, please explain _____

Do you have:

Valid New Hampshire driver's license: No Yes

Car insurance? No Yes

Car available for transporting others? No Yes

References:

Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of relationship
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- 1.
- 2.
- 3.

Please read the following carefully before signing this volunteer application:

- I understand that this is an application for and not a commitment or promise of volunteer opportunity.
- I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Lakes Region Community Services that is true, correct and complete to the best of my knowledge.
- I authorize all persons, companies, schools, credit bureaus, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. I also release the Agency and its agents from all liability from damages arising from this research of my background.
- I understand that criminal background checks will be conducted on all volunteer candidates.
- 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 information contained on my application will be verified by Lakes Region Community Services.
- I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Lakes Region Community Services or my termination as a volunteer.

Signature: _____ Date: _____