



VOLUNTEER APPLICATION-2019

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

LAST NAME	FIRST	MIDDLE	DATE
RESIDENCE ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
MAILING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
<input type="checkbox"/> SAME			
PREVIOUS MAILING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		DATE OF BIRTH	
E-MAIL ADDRESS		OCCUPATION	
EMPLOYER		EMPLOYERS ADDRESS	
SPECIAL PROFESSIONAL TRAINING, SKILLS, HOBBIES			
COMMUNITY AFFILIATIONS (CLUS, Service Organizations, etc.)		PREVIOUS VOLUNTEER EXPERIENCE	
SPECIAL CERTIFICATION (CPR, MEDICAL, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST:		HAVE YOU EVER HAD A BACKGROUND CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVER'S LICENSE #: STATE:		SOCIAL SECURITY # (MANDATORY)	
Have you ever been convicted or found guilty by any court of any felony offense or any gross misdemeanor or simple misdemeanor offense other than a minor traffic offense? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE ALL DATES, LOCATIONS, AND NATURE OF ANY CONVICTIONS.	
HAVE YOU EVER WORKED WITH INDIVIDUALS WITH SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO List:		ARE YOU A REGISTERED BEHAVIOR TECHNICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU SPEAK ANY OTHER LANGUAGES <input type="checkbox"/> YES <input type="checkbox"/> NO LIST:		HOW DID YOU HEAR ABOUT US?	

EDUCATION

NAME AND ADDRESS OF SCHOOL	LOCATION	GRADUATED	DIPLOMA/MAJOR
LAST HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE OR BUSINESS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (CORRESPONDING COURSES, SEMINARS, WORKSHOPS)			

PROFESSIONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER	RELATIONSHIP

TELL US ABOUT YOURSELF AND WHY YOU WANT TO VOLUNTEER WITH OUR ORGANIZATION

EMERGENCY CONTACT INFORMATION

LAST NAME		FIRST NAME	
RELATIONSHIP		PHONE NUMBER	

AS A CONDITION OF VOLUNTEERING, I give permission to the JUSTin Hope Foundation to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I understand background checks are done at my expense. I hereby release and agree to hold harmless from liability the JUSTin Hope Foundation, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the JUSTin Hope Foundation is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Executive/Respite Director and removal by the Board of Directors for violation of the JUSTin Hope Foundation or principles.

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

NOTE: The JUSTin Hope Foundation will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability