**Confidential Volunteer Application**

\* Please Print or Type

* Please attach a current resume that includes employment/volunteer/educational history, as well as 3 references (please avoid using relatives.)

**Personal Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone: (C) |  | (W) |  |  May we contact you at work?  |  |

|  |  |
| --- | --- |
| Email:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name:  |  | First Name:  |  |
| Address:  |  | Apt #  |  |
| City:  |  | State:  |  | Zip Code:  |  |

**Emergency Contact Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact 1: | Name: |  | Relationship: |  | Phone: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact 2: | Name: |  | Relationship: |  | Phone: |  |

**Areas of Interest** *Please Check all that apply*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administration |  | Arts/Crafts |  | Social Media |  |
| Events |  | Music |  | Curriculum |  |
| Fundraising |  | Education |  | Health/Wellness |  |
| Grant writing  |  | IT Support  |  | Other |  |

Please provide a description of the skills and abilities you would like to provide to Healing Action:

|  |
| --- |
|  |
|  |
|  |
|  |

**Referral by**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Flyer: |  | Friend: |  | Internet: |  | Colleague: |  | School: |  | Other: |  |

**Availability:**  Date available to start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ***Week Days*** | ***Mornings*** | ***Afternoons*** | ***Evenings*** |
| Sundays |  |  |  |
| Mondays |  |  |  |
| Tuesdays |  |  |  |
| Wednesdays |  |  |  |
| Thursdays |  |  |  |
| Fridays |  |  |  |
| Saturdays |  |  |  |

**Criminal History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been arrested or convicted of a crime (including DUI)?  | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please describe:  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been convicted of neglect, abuse, or substance dependency?  | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please describe:  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a valid driver’s license? | Yes |  | No |  |
| License#  |  | Expiration Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your driver’s license ever been suspended or revoked?  | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please describe:  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you be willing to sign a confidentiality agreement?:  | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you be willing to sign a release of liability?:  | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
| I,  |  | Hereby affirm that all of the answers provided on my |
| application are true to the best of my ability. I understand that misrepresentations or omission of facts called for is cause for dismissal. I hereby authorize Healing Action to investigate my background and to contact the references provided in my resume for the purposes of determining my suitability as a potential part of Healing Action. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |  | Date: |  |