

VOLUNTEER APPLICATION

ame		Home P	none Number	Cell
Last	First			
urrent Address	 Number & Street	City	State	Zip Code
		ally	5.000	in some
revious Address		City	State	Zip Code
		·	State	Zip dode
-mail		-		
o you have any restrictions,	personal or otherwise, which	would restrict the hours	you can volunteer?	
\square Yes \square No If yes, identify	y hours and/or dates restricted	l:		
re you 18 years of age or old	ler? 🗌 Yes 🔲 No			
re you 18 years of age or old	ler? □ Yes □ No			
lave you ever been employed	d or volunteered with Cantalici	an Center for Learning?	☐ Yes ☐ No	
	d or volunteered with Cantalici	an Center for Learning?	☐ Yes ☐ No	
lave you ever been employed	d or volunteered with Cantalici	_		
fave you ever been employed to, when?eferred by (name of person, firm,	d or volunteered with Cantalici			
fave you ever been employed to, when?eferred by (name of person, firm,	d or volunteered with Cantalici			
lave you ever been employed to, when?eferred by (name of person, firm, ate available to begin volunteering	d or volunteered with Cantalici			
fave you ever been employed to, when?eferred by (name of person, firm,	d or volunteered with Cantalici			
lave you ever been employed to, when?eferred by (name of person, firm, ate available to begin volunteering	d or volunteered with Cantalici		Did you graduate?	
Education	d or volunteered with Cantalici agency, advertisement, etc.): g:	Highest Grade	Did you graduate?	
Education EDUCATION	d or volunteered with Cantalici agency, advertisement, etc.): g:	Highest Grade Completed (circl	Did you graduate?	
Education EDUCATION High School	d or volunteered with Cantalici agency, advertisement, etc.): g:	Highest Grade Completed (circl	Did you graduate? e) (circle) Yes No	

Employment History

(Start with your present or most recent position. Include experience in the armed forces of the U.S. Account for all periods of time. Please fill out all information, even if attaching resume.)

Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Salary
From:		-	Starting:
То:			Leaving:
Reason for Termi			
Summarize the na	nture of the work you performed and you	ur major responsibilities:	
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Salary
From:			Starting:
То:			Leaving:
Reason for Termi			
Summarize the na	ature of the work you performed and you	ur major responsibilities:	

Volunteer History

Dates of volunteer service	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Type of Organization
From:			
То:			
Reason no longer	volunteering:		
Dates of volunteer service	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Type of Organization
From:			
То:			
Reason no longer	volunteering:	1	
Dates of volunteer service	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Type of Organization
From:			
То:			
Reason no longer	volunteering:		
Is additional informations school or employme	ation relative to change of name, use of an as \Box records? \Box YES \Box NO	sumed name, or nickname, necessary to	enable a check on your
If yes, please provide	e:		_

Character References

Please include at least 3 references that have knowledge about your character, scholarship, and professional abilities. Do NOT include relatives or previous employers

Name	Position	Mailing Address	Telephone
Have you been convicted of a felony of	or misdemeanor with t	he exception of minor traffic offenses in any jurisdi	ction?
\square Yes \square No If yes, please provide ϵ	explanation:		
City:			
Date:			
Are you now or have you ever been the	he subject of an indicat	ted report of child abuse, neglect or mal-treatment	,
☐ Yes ☐ No Date: If ye	es please explain:		
,			
Your answer is looked upon as only offense. No applicant will be exclude		dered and is evaluated in terms of the nature, seven for employment due to prior arrests.	rity, and date of the
Have you ever been discharged or asl	ked to resign by an em	ployer or a volunteer organization? \square Yes \square No	

APPLICANT'S AGREEMENT:

I hereby represent that each answer to a question herein and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements or information furnished by me during the selection process will subject me to disqualification from consideration or termination as a volunteer. I hereby authorize my former employers, organizations to which I volunteered my services or personal references to give any information regarding my employment/volunteering with them; and in addition, to furnish any other information they may have concerning me.

I understand this Application does not constitute an expressed or implied contract of any kind.

I also understand I am subject to a thorough background check.

I understand that my volunteer services are for no definite period and may be terminated at any time without previous notice.

Signature of Applicant Date	gnature of Applicant _	of Applicant Da	ate
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CONSUMER REPORT DISCLOSURE STATEMENT

In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for employment, a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of prior employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

I hereby authorize Cantalician Center for Learning to procure a consumer report as set forth above.			
Signature of Applicant	Date		