

**12212 SE Lantana Ave. P.O. Box 1875 Hobe Sound, FL 33475 772-545-0953 (Office)**

**Bannerlakeclub@aol.com**

**Volunteer Application**

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| Volunteer Position Applied for: |       |
| How were you referred to us: |       |

**Volunteer Applicant Data:**

|  |  |
| --- | --- |
| Full name (Last, First, Middle): |       |
| Address: |       |
| Mailing Address : |  |
| City: |       | State: |       | Zip: |       |
| Phone: |       | Mobile/Other: |       |
| Email: |       |
| Date Available to Start: |       |
| Days & Times Available: |       |
|  |  |
| Are you are over 18? | Yes: |  | No: |  |
| If no, do you need documentation recorded for school? |       |
| Have you ever worked or volunteered for this company? | Yes: |  | No: |  |
| If yes, when? |       |
| Are you a citizen of the United Sates? | Yes: |  | No: |  |
| Type of Volunteer service desired: |
| Full-Time: |  | Part-Time: |  | Temporary: |  | Seasonal: |  |
| **Volunteer Area of Interest:**B.L.A.S.T. Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Food Pantry Distribution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Soup Kitchen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Events:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ever been convicted of a crime? Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| If yes, give dates and details: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Answering “yes” to these questions does not constitute an automatic rejection for service. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered. |

**Summarize Your Special Skills or Qualifications:**

**Previous Employment or Experience (begin with most recent position) or attach resume, if want information to be considered for position:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Employment: From |       | to |       |
| Position(s) Held: |       |
| Firm: |       |
| Address: |       |
| Phone: |       |
| Supervisor: |       | Title: |       |
| Responsibilities: |       |
| Starting Salary and Title: |  |
| Ending Salary and Title: |  |
| Reason for leaving: |       |
| May we contact this employer as a reference? |       |

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| --- | --- | --- | --- |
| Dates of Employment: From |       | to |       |
| Position(s) Held: |       |
| Firm: |       |
| Address: |       |
| Phone: |       |
| Supervisor: |       | Title: |       |
| Responsibilities: |       |
| Starting Salary and Title: |       |
| Ending Salary and Title: |       |
| Reason for leaving: |       |
| May we contact this employer as a reference? |       |

|  |  |  |  |
| --- | --- | --- | --- |
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| Firm: |       |
| Address: |       |
| Phone: |       |
| Supervisor: |       | Title: |       |
| Responsibilities: |       |
| Starting Salary and Title: |       |
| Ending Salary and Title: |       |
| Reason for leaving: |       |
| May we contact this employer as a reference? |       |

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for a position decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I serve as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I will maintain complete confidentiality of any information I may learn about the children, staff, board members, other volunteers, or company. I will volunteer under the direction of the Staff or Board Members or whoever is in charge of the event or job involved.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |
| **Information required for Background Check:**Social Security #: |  |
| Date of Birth: |  |

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Office Use Only:**

**Volunteer Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has a Background Check Level 2 been conducted? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Being Processed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appointment date and time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Results Completed and on file: Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cleared for service: Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**