

Date	
Name	
Address	
City, State Zip	
Date of Birth	
Home #	
Cell #	
Email	
How did you hear about ECS?	

Please Indicate Times Available

MON	TUE	WED	THU	FRI	SAT	SUN

Please indicate any other information regarding your scheduling availability or preferences. Do you have an end date for volunteering (if this is not a temporary assignment)?

Please indicate experiences and qualifications that you have in the area of volunteer interest.

Any other special training or background?

Any other information you feel that we should know about?

Skills & Abilities (Please indicate those items in which you are skilled or experienced).

____ **Word Processing; software used:** _____

____ **Office Skills: Typing**____ **Data Entry**____ **Phones/Scheduling**____ **Filing**_____

____ **Mailing, folding, sorting, stuffing: Regular basis**____ **Occasionally** _____

____ **Speaking to groups, please explain** _____

____ **Mentoring: Adults**____ **Children**____ **What age:** _____

Special hobbies or interests to share with others? Please describe_____

Education and Employment

Education: _____

Employment *Current or Most Recent*

Organization: _____

Address: _____

Contact Name & Position: _____

Contact Phone: _____ **Other Phone:** _____

Contact Email: _____

VOLUNTEER REFERENCES (List below three persons not related to you who have knowledge of your character or previous volunteer experience within the last three years.)

	Name	Occupation/ Association	Address/City/State/Zip	Yrs. Known	Phone
1					
2					
3					

<u> </u> Initials	I hereby authorize ECS, to thoroughly investigate my references, work record, education and other matters related to my suitability for volunteering work and, further, authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my background, without giving me prior notice of such disclosure. In addition, I hereby release ECS, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
<u> </u> Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my volunteer period, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency and that no promises or representations contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's designated representative.
<u> </u> Initials	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by ECS, I am entitled to copies of any such public records obtained by ECS unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
<u> </u> Initials	I waive receipt of a copy of any public record described in the paragraph above.

Emergency Contact: _____

Phone _____

Applicant Signature _____ **Date:** _____

Application will not be processed without a signature.