

# COMMUNITY HEALTH DEVELOPMENT, INC.

## Application for Volunteers

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position Applying for: <p style="text-align: center; font-size: 1.2em;"><b>Volunteer</b></p>	Date of Application				
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee _____ <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name			
Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number(s)			Social Security Number		

Have you previously applied with us?  Yes       No  
 Month/Year applied \_\_\_\_\_

Have you ever been employed with us before?  Yes       No  
 If yes, give date \_\_\_\_\_

Are you currently employed?  Yes       No  
**May we contact your present employer?**  Yes       No

On what date would you be available to volunteer? \_\_\_\_\_

Are you available to volunteer:  Full time     Part time     Temporary

Can you travel if you are asked?  Yes       No

Do you have a valid driver's license and updated vehicle insurance?  Yes       No

Have you ever been convicted of a crime? *(A conviction will not necessarily disqualify you)*  
 Yes       No

If yes, please explain \_\_\_\_\_

Have you taken any illegal drugs within the last year?  Yes       No

If yes, please explain \_\_\_\_\_

**We are an Equal Opportunity Employer**

Indicate any languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Have you volunteered for any other organizations?


**List 3 References not related to you:**

Name	Phone Number(s)	Address
1.		
2.		
3.		

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I also understand that there is a background check and random drug testing randomly as needed.

This application for volunteer shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of application being accepted, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Community Health Development, Inc.

I understand that in order for my application to be processed and be considered all questions must be answered completely.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date