COMMUNITY SERVICES VOLUNTEER APPLICATION

Date:					
Name (Last)		First		(MI)	
Address					
	tyStateZip_				
Home Phone ()		Work Phone ()		
Driver's License No:	Social Security Number				
Emergency Contact Name		Phone Number	Relat	ionship	
Name of current employer or school	·				
Circle the highest grade of school yo	ou have completed	1 2 3 4 5 6 7 8 9 10 11	12 or more.		
Special Training/Licenses					
Date of Birth: Month					
Fluent language (other than English))				
Volunteer Experience & Availabil					
Date:	О	rganization			
Responsibilities:					
ours per week available Preferred Day(s)		med Day(a)	Des Come J. I		
Hours per week available	Prefer	ned Day(s)	Preferred	nours	
Availability & Assignment Reques	<u>št</u>				
Time Available: Monday	_ Tuesday	Wednesday	Thursday	Friday	
Skills & Areas of Interest:					
Receptionist Deliver homebou	nd meals	_ Rummage Sales	Fund Raising	Web	
DesignFood Pantry Data EntryCrafts	Maintenance_ Speaker	Clerical Board Member	Call-A-Day Committee	_Senior Center Member	
	Speaker	Board Wellioer	Committee	Wichioci	
Skills I have to share:					
Related Work Experience					
Work Experience:					
Employer		Position	Dates: From	m To	
Previous Volunteer Experience: Agency		City/State	Type of Service De	ates From To	

Do you currently hold any special certificates, licenses or, registration CPR First Aid, etc.)? Please list:				
References				
Please provide two academic, professional,	or volunteer references not related to you:			
1. Name:	Relationship/Occupation:			
Address				
Day Phone:	Evening Phone:			
2. Name:	Relationship/Occupation:			
Address				
	Evening Phone:			
If "yes', Please explain. A "yes" answer to the services of Stark CSSC from the above individuals. I also recertify that all statements made in this applies.	this question is not an automatic bar to acceptance into the program. The County (CSSC) the permission to request and obtain data pertinent to my volunteering at lease from all liability or responsibility all persons and institutions supplying information. I ication are true and Correct to the best of my knowledge and I agree and understand that if I			
 am accepted CSSC any false statements mathematical and accepted CSSC any false statements mathematical acceptance. As a volunteer for Community Services of the observe the policies and procedures of the Participate in initial volunteer training at the Notify immediate supervisor when sick the Perform duties as outlined in my job does not not the pression attire suitable to the assigned the Give my supervisor adequate notice be 	of Starke County, I agree to: The agency. as well as added trainings. and unable to work. escription.			
agree to indemnify and hold Community sinjury which may be suffered by the aforem	ow the individual named herein to participate in CSSC's volunteer program and I further Services of Starke County, its employees and contractors, harmless from and against any nentioned individual arising out of or in any way connected with his/her participation in this on to CSSC to use my name and any photographs, videos, motion pictures or recordings for out obligation or liability to me.			
this application will be cause for refusal understand that I am-working at all times	n this application are true. I acknowledge that any false statement or misrepresentation on of placement or immediate dismissal at any time during the period of my placement. It is on a voluntary basis without compensation and not as a paid employee, and that this either myself or Community Services of Starke County.			
Volunteer's Signature	Date			