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www.eerwellne center.or

Volunteer Application

Application Date _____

Volunteer Position Sought _____

Name _____

Home Address _____

Work Phone _____ Home Phone _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement? No Yes

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer in the field of addiction and mental health?

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] *Conviction of a crime is not an automatic disqualification for volunteer work but full disclosure is required.

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with PEER Wellness Center that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by PEER Wellness Center. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with PEER Wellness Center or my termination as a volunteer.

Signature _____ Date _____