



**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian if under 18 years: \_\_\_\_\_ Contact # \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

**Volunteer/Work Experience:**

**Organization:** \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Organization:** \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Organization:** \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What interested you in volunteering with Pleasant Valley Connection?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to volunteer? If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted (**found guilty**) of a crime (**including probation(s) before judgement**), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes, please describe all convictions, when they occurred, the facts and circumstances involved and disposition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When are you available to volunteer? Specify Hours

Monday	Tuesday	Wednesday	Thursday	Friday

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

**Type of volunteer work you are interested in performing:**

Helping with group activities \_\_\_\_\_ Reading to children \_\_\_\_\_ Assisting with clean up \_\_\_\_\_

Tutoring \_\_\_\_\_ Subject: \_\_\_\_\_ Administrative /Clerical \_\_\_\_\_ Classroom Assistant \_\_\_\_\_

Other \_\_\_\_\_ Specify: \_\_\_\_\_

References: List 2 persons, not related to you who have knowledge of your qualifications and would be willing to serve as references.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Statement of Understanding: I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a volunteer with Pleasant Valley Connection, Inc., I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for my volunteer service and that Pleasant Valley Connection may terminate this agreement at any time without prior notice for any reason. I hereby authorize Pleasant Valley connection to check my references, and I understand that a criminal background check may be required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Executive Director or designee and orientation and training to perform my volunteer role.

I hereby Release and Waive liability against Pleasant Valley Connection, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for injuries or illness that I may suffer in connection with any volunteer work for Pleasant Valley Connection, Inc. I agree that this release is as broad and inclusive as permitted by the laws of the State of South Carolina.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

