

# Volunteer Application

*Christy's Corner Cafe*

Date of Interview (Month/Day/Year)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Programs, services, and employment are equally available to everyone. Please inform the manager if you require reasonable accommodation for the application or interview.*

## VOLUNTEER DATA

Name: \_\_\_\_\_  
*First M. I. Last*

Address: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip Code*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

## AVAILABILITY

Date Available to Start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please indicate the DAYS and TIMES you are available to volunteer. Place an "X" over days you are NOT available.

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME							

Do you have a driver's license or reliable transportation?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, give dates and details:

*Answering "yes" to this question does not constitute an automatic rejection for volunteering. Date of the offense, seriousness, and nature of the violation, rehabilitation, and position volunteering for will be considered.*

## BACKGROUND CHECK

Are you willing to complete a background check at your expense prior to volunteering?  Yes  No

## STATEMENT OF INTENT

Please write a brief statement as to why you want to volunteer to assist with job training and support for individuals with special needs.

## REFERENCES

Please list the names of three references, NOT related to you, whom we may contact.

Name	Relationship to You	Phone Number	Email Address
1			
2			
3			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for a decision regarding my volunteerism. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my volunteer application.

In the event I am utilized as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please send completed applications to: **Christy's Corner Café | Attn: Shelli Drossel | 368 Rice St. | Elmore, OH 43416**

OR

Email to [engagingopportunities@gmail.com](mailto:engagingopportunities@gmail.com) | Subject line: Shelli Drossel