

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: General Manager | 368 Rice St. P.O. Box 434 | Elmore, OH 43416 OR**

Scan and **email** to christyscornercafe@gmail.com | **Subject line:** Application