

SCHOFIELD RESIDENCE

And Affiliate Organizations

3333 Elmwood Avenue
Kenmore NY 14217-1081
(716) 874-1566

APPLICATION FOR VOLUNTEER POSITION

(PLEASE PRINT PLAINLY)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the volunteer position that best meets your qualifications and interests. Please answer ALL questions.

PERSONAL

Please Print in Ink

Name in Full _____ Today's Date _____
Last First Middle

Address, City, State, and Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email address _____ Social Security Number _____

In Case of an Emergency, Notify: Name _____ Relationship _____

Address, City, State, and Zip _____ Telephone _____

Volunteer Position(s) applied for _____ Are you at least 15 years of age? _____

Type of Volunteer Work Interested In _____

Specify days and hours available for volunteering _____

Days and Hours **Not available** for volunteering _____

Special Training, Skills, Interests _____

Where or how did you hear about our organization? _____

Have you ever volunteered/worked for Schofield Residence or any of its affiliate organizations before? _____ Yes _____ No

If so, when and what did you do? _____

Do you have any disabilities which would preclude you from performing the essential functions of the volunteer position for which you are applying? _____ Yes _____ No If yes, please describe _____

Hobbies _____

EMPLOYMENT RECORD

List Present and Past Positions, Beginning with the Most Recent

1. Name and Address of Employer	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
Describe in detail the work you did						
					Job Title	

2. Name and Address of Employer	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
Describe in detail the work you did						
					Job Title	

3. Name and Address of Employer	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
Describe in detail the work you did						
					Job Title	

VOLUNTEER RECORD

List Present and Past Volunteer Positions, Beginning with the Most Recent

1. Name and Address of Volunteer Site	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
Describe in detail the work you did						

2. Name and Address of Volunteer Site	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
Describe in detail the work you did						

3. Name and Address of Volunteer Site	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
Describe in detail the work you did						

May we contact the employers and volunteer organizations listed on the previous page? _____ Yes _____ No

If not, why not? _____

Is additional information relative to a change of name necessary to enable a check on your volunteer record? _____

If yes, explain _____

Have you ever been convicted of a crime? _____ If yes, describe in full _____

School	Name and Address of School	Course of Study	No. of Years Attended				Did You Graduate ?	List Diploma or Degree
			1	2	3	4		
High School							No Yes	
College							No Yes	
Other Specify							No Yes	
Specialized Training Explain in Full								

Personal References (Exclude Relatives)

Name and Occupation	Address	Phone Number

The facts set forth in my application for a volunteer position are true and complete. I understand that if selected, false statements on this application shall be considered sufficient cause for dismissal. I authorize the representatives of Schofield Residence and/or its affiliate organizations to contact my present and former employers, present and former volunteer supervisors, and all personal references listed. I also understand that I must pass a physical exam and provide immunization records as required under New York State laws and regulations. I also recognize and agree that I am not being assigned for any set period of time. I can terminate my volunteer position at any time and Schofield Residence and its affiliate organizations reserve the right to do the same.

Volunteer Applicant's Name (Print)

Volunteer Applicant's Signature

Date

**SCHOFIELD RESIDENCE
CONFIDENTIAL REFERENCE REQUEST**

FOR OFFICE USE ONLY

(APPLICANT - Do NOT Write on This Page)

Interview Date _____ Person Interviewing: _____

COMMENTS
Applicant Accepted/Rejected/Declined Position