

# Volunteer Application

Van Buren Community Mental Health  
801 Hazen Street, Suite C, PO Box 249  
Paw Paw, Michigan 49079  
Attn: Human Resources

PLEASE PRINT

Volunteer Work Desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

Home PH # ( ) Cell PH # ( ) Last 4 of Social Security # \_\_\_\_\_

Can we contact you at work?  Yes  No If yes, enter work # and best time of day to reach you: ( ) \_\_\_\_\_

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

Have you ever been employed here before? \_\_\_\_\_  Yes  No

How many hours do you want to volunteer? \_\_\_\_\_ Per:  Week  Month

Days and hours available to volunteer: A.M. P.M. A.M. P.M.  
Monday Friday  
Tuesday Saturday  
Wednesday Sunday  
Thursday

Date available to begin? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

*Conviction will not necessarily be a bar to participating in volunteer activities. Each instance and explanation will be considered in relation to the nature of the volunteer work for which you are applying.*

## Employment History

Provide the following information for your past two (2) employers, starting with the **MOST RECENT**.

|                    |    |   |                  |
|--------------------|----|---|------------------|
| FROM               | TO | EMPLOYER  | TELEPHONE<br>( ) |
| POSITION HELD      |    | ADDRESS   |                  |
| SUPERVISOR         |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES |                  |
| REASON FOR LEAVING |    | HOURLY RATE/SALARY<br>START \$ PER FINAL \$ PER                 |                  |

|                    |    |   |                  |
|--------------------|----|---|------------------|
| FROM               | TO | EMPLOYER  | TELEPHONE<br>( ) |
| POSITION HELD      |    | ADDRESS   |                  |
| SUPERVISOR         |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES |                  |
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## Volunteer History

|                    |    |   |                  |
|--------------------|----|---|------------------|
| FROM               | TO | EMPLOYER  | TELEPHONE<br>( ) |
| POSITION HELD      |    | ADDRESS   |                  |
| SUPERVISOR         |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES         |                  |
| REASON FOR LEAVING |    | HOURLY RATE/SALARY<br>START \$ _____ PER _____ FINAL \$ _____ PER _____ |                  |
| FROM               | TO | EMPLOYER  | TELEPHONE<br>( ) |
| POSITION HELD      |    | ADDRESS   |                  |
| SUPERVISOR         |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES         |                  |
| REASON FOR LEAVING |    | HOURLY RATE/SALARY<br>START \$ _____ PER _____ FINAL \$ _____ PER _____ |                  |

## Skills and Qualifications

My skills include:

My hobbies/interests include:

I like to work with:

I want to learn more about:

I want to be a volunteer because:

List other organizations/clubs you are involved with:

How did you hear about our volunteer program?

## Educational Background

| NAME AND LOCATION | YEARS COMPLETED | DID YOU GRADUATE?            |                             | COURSE OF STUDY |
|-------------------|-----------------|------------------------------|-----------------------------|-----------------|
| HIGH SCHOOL       |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |
| COLLEGE           |                 | MAJOR                        | DEGREE                      |                 |
| OTHER             |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                 |

## References

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
|      |           |             |
|      |           |             |
|      |           |             |

VAN BUREN COMMUNITY MENTAL HEALTH DOES NOT UNLAWFULLY DISCRIMINATE AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

IT IS THIS AGENCY'S POLICY NOT TO REFUSE TO ACCEPT QUALIFIED VOLUNTEERS WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

**NOTICE TO APPLICANTS:**

- IT IS THIS ORGANIZATION'S POLICY TO SECURE CRIMINAL HISTORY AND DRIVER'S LICENSE RECORD INFORMATION AS PART OF THE VOLUNTEER SCREENING PROCESS USING THE INFORMATION PROVIDED ON THE ATTACHED CRIMINAL HISTORY CHECK RELEASE AND DRIVER'S LICENSE RECORD REQUEST FORMS.

I represent and warrant that I have read and fully understand the foregoing and seek a volunteer relationship under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_