

# AUGUSTA PARTNERSHIP FOR CHILDREN, INC.

**VOLUNTEER APPLICATION**

The Augusta Partnership for Children, Inc. follows equal opportunity procedures complying with the Council Affirmative Action program in the selection and placement of volunteers regardless of race, creed, religion, color, national origin, disability, age, economic status, or ability.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Telephone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Driver Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EMPLOYMENT

Employer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EDUCATION (High School, College, etc.)

 Name of School Degree, Course or Credits

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

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## HOBBIES AND INTERESTS

**VOLUNTEER EXPERIENCE** (Other experience you may have had)

Organization Name and Address Position Date

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

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**VOLUNTEER AVAILABILITY: (Circle all applicable)**

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

List your reason for wanting to volunteer with the Augusta Partnership for Children, Inc.

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

**POSITION PREFERRED** (Please check all that apply)

 Support Group Facilitator Childcare

 Spanish Translator Clerical/Administration

 Outreach Special Events

 Fund Development Public Relations

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## REFERENCES

Please list and request permission from three (3) persons not related to you.

Name Address City/State Zip Phone

Have you ever been convicted of a crime (other than a traffic violation) Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

If yes, please state offense, date and location (a conviction will not necessarily be cause of disqualification).

I understand that as part of the volunteer application process, an investigation may be made with respect to my credit status, character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of such a report, if made, will be available to me upon written request within a reasonable period of time.

I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I hereby release said persons or organizations from any liability or damages whatsoever for issuing this information.

I certify that the above information is correct and truthful. I authorize investigation of all my statements on the application. I realize too, that falsification of any information on this application may be grounds for rejection of this application, or termination of volunteer appointment.

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

 Signature Date