

J. Arthur Trudeau Memorial Center

VOLUNTEER INFORMATION/APPLICATION

INSTRUCTIONS: J. Arthur Trudeau Memorial Center is committed to protecting the rights and dignities of people with disabilities. Your application to become a volunteer at our organization will be reviewed thoroughly before a decision is made to place you where your skills are needed. Volunteers are a valuable and welcome resource to us. If you are accepted into our volunteer program, we are confident that you will be provided valuable opportunities and rewarding experiences. We will make selections on volunteers to our program without discriminating on the basis of age, sex, race, color, national origin, sexual orientation, religion or disability. All volunteer applicants may request any needed accommodations or assistance in order to complete this application and participate in the volunteer application process. The volunteer application process will be communicated orally for applicants who are visually impaired.

All information must be fully completed even if résumé is attached or received

Referral source Employee (Name) _____ Advertisement Walk-in Other _____

What program(s) are you interested in volunteering for? Recreation Child Development Crayons Child Care

Adult Day Programs/Workshop Residential Services Supported Employment Early Intervention

Your age category: under 16 16-21 over 21

PERSONAL			
NAME LAST	FIRST	MIDDLE	
ADDRESS STREET	CITY	STATE	ZIP
PHONE # HOME	CELL	SOC. SEC. #	
VOLUNTEER DATA			
Volunteer Position(s) applied for: 1.		2.	
Hours and days available to volunteer:			
Available for weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Date available to start volunteering: ___/___/___			
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present or most recent employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you previously employed by the Trudeau Center? <input type="checkbox"/> Yes/dates _____ <input type="checkbox"/> No			
EDUCATION AND TRAINING			
NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DIPLOMA/DEGREE RECEIVED	COURSE OF STUDY
High School	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	Dates attended: to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, Technical, etc.	Dates attended: to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other schools or special training, including other skills related to providing volunteer services to physically or mentally handicapped individuals:			
Indicate any honors or activities associated with education background:			

EMPLOYMENT/PROFESSIONAL EXPERIENCE

(Please begin with PRESENT or MOST RECENT employer and list your last two jobs)

1. Employer & Address:	Type of business: Job Title & Work Performed:
Employment Date: From To Reason for Leaving: Starting Pay: Final Pay:	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference:
2. Employer & Address:	Type of business: Job Title & Work Performed:
Employment Date: From To Reason for Leaving: Starting Pay: Final Pay:	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference:

LIST 2 NON-FAMILY REFERENCES. NOTE: Two reference letters must be attached to volunteer application for consideration.

NAME	RELATIONSHIP	FULL ADDRESS
PHONE		
NAME	RELATIONSHIP	FULL ADDRESS
PHONE		

SECURITY DATA

1. Have you been convicted of a criminal offense excluding misdemeanors? Yes No
2. Do you use illegal drugs? Yes No
3. Have you ever been charged with neglect, abuse or assault? Yes No
4. Has your drivers license ever been suspended or revoked in any state? Yes No

If yes to any of the above questions, briefly describe the circumstances. If you have been convicted, indicate the date, nature, and place of the offense and disposition of the case. A felony conviction record will not necessarily bar you from volunteering since this will be looked upon as only one of the factors considered in our volunteer selection decision and is evaluated in terms of the nature, severity, and date of the offense. Understand that a background criminal investigation will be performed as part of the selection process.

DISCLOSURES

I authorize investigation of all statements as part of this application and its process. I acknowledge that the information I have supplied is correct to the best of my knowledge, and I understand that any deliberate falsification, misrepresentations, or omissions of facts is a cause for denial of volunteering or dismissal without notice, if and when discovered. I am also aware that the Trudeau Center is a smoke-free organization and agree to abide by its smoke-free policies by smoking only in designated locations during specific smoking breaks. I understand that volunteering is for no definite period. I agree to comply with all agency rules and regulations. I understand that volunteers will be strictly supervised and monitored and will not be allowed to independently direct any programs, individuals, or family members. Finally, I acknowledge that any offer of volunteering is conditional upon satisfactory completion and review of any prior criminal records.

If you have any questions regarding any statement on this application, please ask before signing.

Applicant's signature: _____ **Date:** ____/____/____