



Volunteer Application

Personal Information *(please print)*

Name _____ DOB: ____/____/____
First Mi Last (optional)

Address _____
(Street) (City) (State) (Zip)

Phone () _____ - _____ Email: _____

Emergency Contact: _____ Relationship _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Education

(Include high school, vocational school, college or university. If non-applicable please leave blank)

Name of School	City/State	# of years completed	Diploma/Degree received	Area(s) of Study

Are you receiving academic credit for your volunteer work? Yes ___ No___ #Hours required _____

Please provide a brief description of why you would like to volunteer with the S.T.A.C.I.E. Foundation/

How did you hear about us? _____

Employment History

Employer	Position/Title	Start Date	End Date	Reason for Leaving





Volunteer Experience

Organization	Role	Date(s)	Reason for Leaving	Reference

Availability (Mark available times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Volunteer Opportunities (Please mark all interested areas)

Organizational Development

- Special events committee
- Research/grant writing
- Fundraising
- Newsletter
- Volunteer coordinator
- Communications/public relations

Program Services

- Educator/facilitator/assistant for programs
- Workforce trainer (*teach resume preparation/interview skills*)
- Mentor
- Counselor
- Curriculum development
- Program management

Organization Administration

- Finances
- Design/Graphics
- IT/Computer technology
- Administration/clerical
- Other (specify)

How often would you like to volunteer?

1x / week 2-3x / week 4-5x / month Special events as needed

How long would you like to volunteer?

1 Month 3 Months 6 Months 9 Months 1Year ongoing as needed

What expectations do you have as a volunteer? _____

Skills and Experience

Please indicate the skills and experience you would bring to your volunteer role.

- Organizational skills
- Teaching experience
- Public speaking
- Finances
- Program Development
- Program Implementation
- Board of Director's experience
- Foreign Language(s) (*list*)
- Other _____





What are your reasons for volunteering?

- Academic credit Learn new skills Social interaction
- Support the cause Community development Other: *(please be specific)*
- Possible employment opportunity

If selected, are you willing to submit to a pre-volunteer placement background check? Yes No

Acknowledgment and Authorization

Parental Consent *(for those under 18 years of age)*

I _____ hereby authorize the Organization to contact the above named references from my previous volunteer opportunities to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the human resources department to maintain this information in their records and absolve them from liability. *Disclaimer: It is the policy of the Organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.*

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Organization.

I certify that all answers given herein are true and complete to the best of my knowledge.

In the event of volunteering, I understand that false or misleading information given in my application may result in release.

In the event of an accident or injury I release S.T.A.C.I.E. Foundation from all liability.

Printed Name _____ Date ____/____/____

Signature _____

I, _____ give consent for my child as a volunteer with S.T.A.C.I.E. Foundation.
(Print full name of parent)

Parents signature _____ Date: ____/____/____

Please mail application: PO Box 317747, Cincinnati OH 45231 or email: admin@staciefoundation.org
Thank you for your interest in volunteering!

For Office use only: *[form last updated 12.08.2013]*

Date Received ____/____/____ Date Interviewed ____/____/____ Date BCI received ____/____/____

Additional Information _____

Recommendation: _____

