

Hobbies/Interests/Special Skills:

Briefly describe why you would like to volunteer at Berea Children's Home:

EXPERIENCE: List Below Your Current Employer

| Name and Address of Company | Dates Employed Month/Year | Describe the work you do | Name and Title of Supervisor |
|-----------------------------|------------------------------|--------------------------|------------------------------|
| | | | |
| | | | |

List Below All Present and Past Volunteer/Work Experience, Beginning with Your Most Recent

| Name and Address of Company | Dates Volunteered Month/Year | Describe the work you did | Reason for leaving | Name and Title of Supervisor |
|-----------------------------|---------------------------------|---------------------------|--------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Telephone: | | | | |

| Name and Address of Company | Dates Volunteered Month/Year | Describe the work you did | Reason for leaving | Name and Title of Supervisor |
|-----------------------------|---------------------------------|---------------------------|--------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Telephone: | | | | |

| Name and Address of Company | Dates Volunteered Month/Year | Describe the work you did | Reason for leaving | Name and Title of Supervisor |
|-----------------------------|---------------------------------|---------------------------|--------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Telephone: | | | | |

AN EQUAL OPPORTUNITY VOLUNTEER AGENCY

Do you have Red Cross First Aid training? _____ Issue Date: _____

Have you had Child CPR training? _____ Issue Date: _____

Have you had Adult CPR training? _____ Issue Date : _____

Please indicate the days and times you would like to volunteer

| | Morning | Afternoon | Evening |
|-----------|----------------|------------------|----------------|
| Monday | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ |
| Saturday | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ |

I certify that answers given herein are true and complete, and that if I do become a volunteer, any incorrect or misleading information given in this application or any interview can result in discharge.

I authorize investigation of all statements contained in this application. I authorize the companies, schools or persons named to give any information regarding my experiences, and I release them from liability in connection with releasing information.

I understand that volunteer service is "at will", which means that either I or the Agency can end the volunteer relationship at any time, with or without prior notice or disciplinary action, and for no reason or any reason not prohibited by statute. I understand that no supervisor, manager or executive of the Agency, other than the Executive Director in writing, has any authority to alter or waive the foregoing.

Signature of Applicant _____ Date _____

OTHER COMMENTS BY APPLICANT (use back if necessary):