

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):