

PIC Volunteer Application



Volunteer Applicant Information

Applicant's Name (Last) (First) (Middle Initial)		SS #	-	-
Mailing Address (Number)		Street		
City		State	Zip	
Best Method And Time To Reach You		Relationship		
Emergency Contact Person's Name		Relationship		
City		State	Zip	
		Primary Phone ()		
		Work Telephone Number ()		
		Home/Cell Telephone Number ()		
		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
		Email Address		

Education

Name of School	Location of School	Degree or Course of Study	Date Completed

Do you speak, read, or write any languages other than English? Yes No Please list language(s)

Please tell us about your work experience, including paid and volunteer positions. If you are currently employed, please list your current job first.

Organization

Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____	Volunteer <input type="checkbox"/>
Name of Organization		Name of Supervisor	
Address:			
City		State	Zip Code
Telephone Number ()	Reason for Leaving:		
Duties Performed:			

Organization

Job Title	Dates Worked From _____ To _____	Pay \$ _____ Per _____	Volunteer <input type="checkbox"/>
Name of Organization		Name of Supervisor	
Address:			
City		State	Zip Code
Telephone Number ()	Reason for Leaving:		
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City		State	Zip Code
Telephone Number ()	Reason for Leaving:		
Duties Performed:			

Please describe any skills or experience that would enable you to perform the duties of a PIC volunteer.

Are you licensed and able to drive an automobile? Yes No

If you will be driving to and from PIC events or to conduct PIC outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

Certain conflicts between personal interests and the interests of the PIC Volunteer program may exist, and could prevent a person from serving as a volunteer. One example is that of a current or active PIC service user. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the PIC Volunteer Program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

Interest in The PIC

How did you learn about the PIC?

Please tell us why you would like to become a PIC volunteer?

Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a background check. If the position for which you apply requires a background check, we will ask you to complete a separate form to authorize one.

Confidentiality Agreement for Volunteers

The organization requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients and others they serve. The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or other volunteers. No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer. I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with the organization.

Authorization and Certification

Our Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the PIC to contact the references named below with regard to my application to become a PIC Volunteer.

Volunteer Signature: _____ **Date:** _____

Volunteer Coordinator Signature: _____ **Date:** _____

References

Name	City	State	Zip Code
Tel #()	Email	Relationship	How Long Known?
Name	City	State	Zip Code
Tel #()	Email	Relationship	How Long Known?
Name	City	State	Zip Code
Tel #()	Email	Relationship	How Long Known?