



Application for Volunteer Services

Date: _____ Services to be Provided: _____ Branch: _____

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Name: _____
Last First Middle

Mailing Address: _____

Email Address: _____

Telephone Number: Home _____ Work _____ Are you 18 years or older? Yes [] No []

Date of Birth: _____ National Registration Number: _____

Occupation:

Employer Name	Supervisor Name	Phone Number

Special Skills or Qualifications

Formal or informal Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

What do you hope to gain from volunteering?

Other organizations to which you have provided volunteer services:

Supervisor: _____ Phone #: _____

When are you willing to volunteer? (days, times, dates)

To Be Completed by All Applicants

Have you ever been convicted of any criminal offense other than the following:

Minor traffic violation fine \$500.00 or less; **or** offenses settled in juvenile court or under welfare youth offender law.

Yes [] No [] If yes, please explain:



Physical Condition:

Excellent- Good- Fair- Poor-

Please Explain: _____

List Memberships in Clubs and Organizations: _____

List Hobbies and Special Skills: _____

Language(s) Spoken _____

Availability

When are you available for volunteer assignments?

___:___ to ___:___ Monday ___:___ to ___:___ Thursday
___:___ to ___:___ Tuesday ___:___ to ___:___ Friday
___:___ to ___:___ Wednesday ___:___ to ___:___ Saturday

Interests

In which areas are you best suited to volunteer?

___ Development Priorities ___ Proposal Writing ___ Administration
___ Children and Youth ___ Project Management ___ Research
___ Disaster Assistance ___ Building/ Repair ___ M & E
___ Fundraising ___ Marketing
___ Other: _____ ___ Training ___ Digital Media – Graphic Design, Web Design, etc

Certifications

Are you certified in: **a) First Aid** Yes No **b) CPR** Yes No **c) Pediatric CPR** Yes No **d) Lifeguard** Yes No

Other: _____

When Driving Is Required?

1. Do you have a valid driver's license? Yes No # _____

References (Exclude Relatives)

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any volunteer/employment involving supervision of children.

1. _____
Name Occupation Work Phone Home Phone

2. _____
Name Occupation Work Phone Home Phone



Emergency Information

Name and phone number of person to be notified in case of accident or emergency.

Signature of Applicant

Date

Affirmation

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.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature of Applicant

Date

Please submit this application to:

Marcus Garvey Institute
(A Division of the Pinelands Creative Workshop)
Wildev Great House, Rock Close, Wildev, St Michael
426-1157
Email: Sophia@pinelandscreativeworkshop.org

For Office Use Only

Program/Dept./Camp: _____

Program Director: _____

Start Date: _____ End Date: _____