

SISTERS AND MOTHERS FOUNDATION

VOLUNTEER APPLICATION



| | | |
|--|------------------|---|
| Name | | |
| Address | | Apt. Number |
| City | State | Zip Code |
| Home Telephone | Mobile Telephone | Date of Birth (<i>for demographic purposes</i>) |
| Email Address (<i>required</i>) | | Alternate Email Address |
| Have you previously volunteered at SMF? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please indicate center and dates. _____ | | |
| Have you previously been employed by SMF? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please indicate center and dates. _____ | | |

EDUCATION

| Name of School | Diploma or Degree Received | Major Subject |
|-------------------------------|---|---------------|
| High School or Equivalency | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate/Post Graduate | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Professional, Business, Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMPLOYMENT

| | | |
|--|--------------------|--------------|
| <input type="checkbox"/> Past <input type="checkbox"/> Present | Name of Employer | |
| Nature of Business | Name of Supervisor | Phone Number |
| Length of Service | Title of Position | |

VOLUNTEER

| | |
|--|--------------------------|
| <input type="checkbox"/> Past <input type="checkbox"/> Present | Name of Organization |
| Length of Service | Type of Service Provided |

SKILLS & TRAINING

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|---|
| Special Skills or Training |
| Are you fluent in another language? If yes, please list language(s) and level of fluency. |
| Why do you want to volunteer at Sisters and Mothers Foundation? |
| Do you have experience volunteering with a not for profit organization? |
| Where did you hear about the Sisters and Mothers Foundation Volunteer Program? |

SCHEDULE AVAILABILITY

| | | | | | |
|--|--|--|--|--|--|
| Mon AM <input type="checkbox"/> PM <input type="checkbox"/> | Tue AM <input type="checkbox"/> PM <input type="checkbox"/> | Wed AM <input type="checkbox"/> PM <input type="checkbox"/> | Thu AM <input type="checkbox"/> PM <input type="checkbox"/> | Fri AM <input type="checkbox"/> PM <input type="checkbox"/> | Other <input type="checkbox"/> Seasonal <input type="checkbox"/> <input type="checkbox"/> Monthly <input type="checkbox"/> Academic Year <input type="checkbox"/> <input type="checkbox"/> As needed |
|--|--|--|--|--|--|

AREAS OF INTEREST

| | | | | |
|--|--|-----------------------------------|---|--|
| <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Activity Leader | <input type="checkbox"/> Research | <input type="checkbox"/> Security | <input type="checkbox"/> Grant-writing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Marketing | <input type="checkbox"/> Clerical | <input type="checkbox"/> Computer/Technical | <input type="checkbox"/> Development |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Reception | <input type="checkbox"/> Other | | |

REFERENCE

| | |
|----------------------|--------------|
| Name | |
| Address | |
| Daytime Phone Number | Relationship |

IN CASE OF EMERGENCY, PLEASE NOTIFY

| | |
|----------------------|--------------|
| Name | |
| Address | |
| Daytime Phone Number | Relationship |

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|--|
| Have you ever been convicted of a crime in this state or elsewhere (not including traffic and parking violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Applicant's Statement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for volunteer employment and shall be considered sufficient basis for dismissal if discovered at a later date.

I understand that should a volunteer employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of volunteer employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any volunteer employment offered is for an indefinite duration and at will and that either the Employer or I may terminate my volunteer employment at any time.

I understand that as part of Sisters and Mothers Foundation prospective employee screening process and to assure its constituents receive the highest level of professional and competent service possible, a background check is completed on viable applicants. This may or may not include a credit-report containing financial or other information about me. I understand that my signature below authorizes Sisters and Mothers Foundation to obtain background check and/or credit report as part of this screening process. I understand that Sisters and Mothers Foundation complies with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

I understand that according to federal law individuals who are hired, must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand any offer of volunteer employment would be contingent on my ability to produce the required documentation within the time period required by law.

| | |
|-----------------------------------|------|
| Social Security Number (required) | |
| Driver's License Number | |
| Date of Birth | |
| Signature (Sign in ink) | Date |

FOR OFFICE USE ONLY

Comments:

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