

Horizons, Inc. 220 W. 4th St. Dover, OH 44622 (330) 364-5415

VOLUNTEER APPLICATION

1 oday's Date:		
Name:	First	M.I.
A 3.3		
Address: Street		
City	State	Zip Code
Home Phone:	Best time(s) to reach you:	
Work Phone:	May we phone you at work? □ Ye	s □ No
Email Address:		
Employer:		
Occupation:	Work Hours:	
Do you have access to transportation for your v	volunteer work? □ Yes □ No	
Do you have a valid driver's license? □ Yes □	No Do you have auto insurance	? □ Yes □ No
Volunteer History		
Volunteer Affiliations	Responsibilities	
First		
THSt		
Second		
Third		

Education	
Circle Highest Grade Completed	Scholastic
8 9 10 11 12	Honors
13 14 15 16	Received

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				□ Yes □ No	
College				□ Yes □ No	
Vocational				□ Yes	
Professional Education				□ Yes	

Extracurricular Activities While in School	
Member of Professional Organizations	
Honors Received: Volunteer, Community Service or Other Qualifications & Skills you have which you feel are related to the Volunteer Position	
Objectives: Why would you like to volunteer at Horizons, Inc.?	

Professional Lic	enses and/or Certification	s	
Туре	Organization or State Issued	Date Issued	Number
Туре	Organization or State Issued	Date Issued	Number
Туре	Organization or State Issued	Date Issued	Number

Please list three references who are not family members and who have known you for a year or more:

<u>Name</u>	Phone #	How do you know this person?
1.		interview (
2		······································
3		
□ 1 time only □ 3 months	ould you like to make? (Check al = 6 months = 1 year er month = as needed = other:	I that apply)

Horizons, Inc. Volunteer Application

Please indicate below the type(s) of volunteer work which you would like to do for Horizons, Inc.: □ Fundraising Volunteer – Help sell tickets to a Horizons fundraiser. □ Office Volunteer – Help with general administrative duties in the Horizons office. □ Special Events Volunteer – Help out at a fundraising event or social activity with Horizons clients.	
➡ What skills/talents/hobbies would you like to share with us?	
Have you ever been convicted of a crime? □ Yes □ No □ If yes, for what, when & where?	
*Conviction of a criminal offense will not necessarily preclude your volunteer work.	
Have you ever been disciplined, discharged or asked to resign? □ Yes □ No ightharpoonup If yes, please explain.	

Present & Former Employers	Dates Employed	Employment or Volunteer Service	Position & Duties
Name	From		
Address			
City/State/Zip	То		
SupervisorPhone			
Name	From		
Address			
City/State/Zip	To	AND DESCRIPTIONS	
Supervisor Phone			
Name	From		
Address			
City/State/Zip	To		
Supervisor Phone			
Name	From		
Address			
City/State/Zip	То		
Supervisor Phone			

Availability Record

Please fill in the times of the individual days of your availability to work. Circle A.M. or P.M. to indicate your availability, and write your times below in each area.

	your times below in ea	cii area.	
Day	From	То	Please give detailed volunteer requirements
Sunday	A.M./P.M.	A.M./P.M.	
Monday	A.M./P.M.	A.M./P.M.	
Tuesday	A.M./P.M.	A.M./P.M	
Wednesday	A.M./P.M.	A.M./P.M.	
Thursday	A.M./P.M.	A.M./P.M.	Are you available to volunteer:
Friday	A.M./P.M.	A.M./P.M	Weekends? □ Yes □ No Holidays? □ Yes □ No Rotating Shifts? □ Yes □ No
Saturday	A.M./P.M.	A.M./P.M.	Applicant's Signature Date

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin or disability and genetics.

Revised 11/26/13 Created 4/22/13