Hearts 'n' Hands Volunteer Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Submit to: Hearts 'n' Hands Work Enrichment
P. O. Box 18995
Golden, CO 80402

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND ARE SUBJECT TO BACKGROUND VERIFICATION

PLEASE COMPLETE All PAGES OF THIS APPLICATION. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone (____) _____(Home) (____) _____(Cell) _____(Date of Birth)

E-mail:_____

Emergency Contact Person _____ Phone Number: _____

Emergency Contact Person _____ Phone Number: _____

(Note if applying to be a volunteer)

Position applied for _____

Primary Doctor: _____
Phone Number: _____

How many hours can you volunteer weekly? _____ Can you work nights? _____

Are you willing to attend Heats 'n' Hands functions outside of regularly scheduled program times? ❑ Yes ❑ No

Volunteer hours available ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

When available to start (Date & Other Details)?_____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

VOLUNTEER APPLICATION

OFFICE SKILLS

Keyboard Typing ❑ Yes ❑ No

Microsoft Office Word ❑ Excel ❑ Access ❑

Personal Computer ❑ Yes ❑ No

PC ❑ Mac ❑ iPad ❑

Other _____

Skills _____

Please list two references. One personal and one professional.

Name _____

Position _____

Company _____

Address _____

_____

Telephone ( ) _____

Name _____

Position _____

Company _____

Address _____

_____

Telephone ( ) _____

SPECIAL NEEDS EXPERIENCE

Have you worked with people who have special needs? ❑ Yes ❑ No

If yes, what was the general age of those individuals?

❑ Infants (<5 yrs.) ❑ Children (5-12 yrs.)

❑ Teens (13-20 yrs.) ❑ Adults (21and older)

❑ My experience in this area is contained in the Work Experience sections below.

If your involvement with individuals with special needs is **not** included in the Work Experience sections, please describe it here. Please be specific. . **Attach additional sheets if necessary.**

.

.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

VOLUNTEER APPLICATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are interested in volunteering. **Attach additional sheets if necessary.**

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No

If not, who did? ______________________________

Release of Background Information

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed_____ **Today's Date** _____

Name on Driver's License _____

Driver's License Number _____ **State** _____

Social Security Number _____-_____-_____ **Date of Birth** _____

_____

Other names you have used, or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____/_____
Street apt # City State From/To (Mo/Yr)

Former Address: _____/_____
Street apt # City State From/To (Mo/Yr)

Former Address: _____/_____
Street apt # City State From/To (Mo/Yr)

Former Address: _____/_____
Street apt # City State From/To (Mo/Yr)

Former Address: _____/_____
Street apt # City State From/To (Mo/Yr)

Former Address: _____/_____
Street apt # City State From/To (Mo/Yr)

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Hearts 'n' Hands (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hearts 'n' Hands, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Program Manager. Both the undersigned and Hearts 'n' Hands may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I also understand that (1) the Company has a smoking policy that provides for (1) consent to and compliance with such policy is a condition of my employment and (2) my employment may be terminated due to failure to comply with this policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_____ Date: _____

Hearts 'n' Hands is both an equal opportunity employer and a faith-based religious organization. We conduct hiring and treat staff fairly without regard to race, color, ancestry, national origin, citizenship, age, sex, marital status, parental status, political ideology, or disability of an otherwise qualified individual. The status of Hearts 'n' Hands as an equal opportunity employer does not prevent the organization from hiring staff based on their religious beliefs so that all staff shares the same religious commitment.

Thank you for completing this application form and for your interest in the improvement of the lives of adults with special needs.