



Volunteer Application



Thank you for your interest in our mission to protect the sanctity of human life from conception through natural death. Volunteers are indispensable to our organization, and we encourage the support of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. We appreciate your willingness to share your time, talents and skills with us. Providing safe and secure programs is of utmost importance. The information gathered in this application is designed to help us provide the highest of programs for those whom we serve.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Background Information

Have you ever been convicted of a crime? Conviction of a crime is not an automatic disqualification for volunteer work. _____ Yes _____ No

If yes, please explain the nature of the crime and the date of the conviction and disposition:

Are you a student? _____ Yes _____ No Date of birth: _____

What school do you attend? _____

What grade or year are you in? _____

Availability

Please indicate the days you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available: From _____ to _____

If you have a physical limitation, what accommodation would you need to do this volunteer position?

Interests

Tell us in which areas you are interested in volunteering:

___ Administration

___ Events

___ Field work

___ Fundraising

___ Newsletter production

___ Data Entry

___ Other: _____

___ Other: _____

___ Other: _____

___ Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

Previous Volunteer Experience

Name of organization and supervisor: _____ _____
Duration of volunteering ___/___/___ to ___/___/___
Responsibilities: _____

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Duration of volunteering ___/___/___ to ___/___/___
Responsibilities: _____

REFERENCES:

Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of relationship

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

I have reviewed a copy of **A Statement of Policy for the Protection of Children & Youth of Right to Life of Northeast Ohio and/or Life Education Fund**. I understand that all allegations of abuse are taken seriously. I further understand that *Right to Life of Northeast Ohio and Life Education Fund* cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

I agree to observe all of the guidelines and policies for the programs in which I volunteer. I understand and agree that false statements and/or omissions regarding past conduct and/or present situations is cause for rejection of my application or dismissal from my volunteer service.

I authorize *Right to Life of Northeast Ohio and Life Education Fund* to contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.

I hereby release all of the above stated entities and their employees or agents from any and all liability in connection with providing information, investigating or evaluating my application. I waive any right that I may have to inspect any information provided about me in connection with this application.

I have read and understood the above stated information within this release and am signing below of my own free will. 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.

Signature

Date

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.