



Volunteer Application

Equal access to programs, services, volunteerism and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

All information will be kept confidential. Please print clearly.

Today's Date: _____ Volunteer Position applied for: _____

Personal Information

Name: _____
Last First Middle

Social Security # _____ - _____ - _____

Address: _____
Street City State Zip Code

Home # (_____) _____ Mobile/Other # (_____) _____

E-Mail Address: _____

When is the best time to call you? _____ AM/PM Which number is best? _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

Are you able to meet the attendance requirements of the Volunteer position? Yes No

Driver's License # (if required): _____ State: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

Answering "yes" does not constitute an automatic bar to volunteering. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details: _____

Employment/Volunteer History

(or attach a current resume)

Employer: _____

Address: _____
Street City State Zip Code

Telephone # (_____) _____ Job Title: _____

Immediate Supervisor and title: _____



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Employer: _____

Address: _____
Street City State Zip Code

Telephone # (____) _____ Job Title: _____

Immediate Supervisor and title: _____

Skills and Qualifications

Summarize any diplomas, training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Languages Spoken: _____

Computer Skills (Word processing, spreadsheet, internet, etc. Include software titles and years of experience.):

References

List two references that are *not* related to you and are *not* previous supervisors. If not applicable, list two school or personal references that are *not* related to you.

1. Name: _____ Title: _____

Relationship to You: _____ Tel#: _____ Years Known: _____

2. Name: _____ Title: _____

Relationship to You: _____ Tel#: _____ Years Known: _____

Emergency Contact Information

Name: _____ Relationship to You: _____

Address: _____
Street City State Zip

Telephone # (____) _____ Mobile/Other # (____) _____



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Program Interests

Check all areas of volunteer interests.

- | | |
|---|--|
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Career/Job Mentor |
| <input type="checkbox"/> Computer Lab Assistant | <input type="checkbox"/> Youth Mentor |
| <input type="checkbox"/> Higgins Lake Camp | <input type="checkbox"/> Science Summer Camp |
| <input type="checkbox"/> Food/Clothes Pantry | <input type="checkbox"/> Art from the Heart |
| <input type="checkbox"/> Financial Literacy | |

Availability: Morning Afternoon Evening Weekend

What specific hours and days are you available? _____

How did you learn about the Peckham Volunteer Program? _____

Volunteer Application Statement

I certify that all information I have provided to become a volunteer is true, complete and correct.

I expressly authorize, without reservation, Peckham, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Peckham, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the volunteer application process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Peckham does not unlawfully discriminate and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for volunteer opportunities on any basis prohibited by applicable local, state or federal law.

If I become a volunteer, I understand I am free to resign at any time, with or without cause and with or without prior notice, and Peckham reserves the same right to terminate my volunteerism at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for any specific period or definite duration. I understand that no supervisor or representative of Peckham is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid in writing and unless signed by the Peckham CEO.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from Peckham whenever it is discovered.

Do not sign until you have read the above statement.

I certify that I have read, fully understand and accept all terms of the Volunteer Application Statement.

Signature of Volunteer Applicant

____/____/____
Today's Date



Volunteer Application

Volunteer Security Check Release

Please print.

Full Name: _____
Last First MI

Social Security Number: _____ - _____ - _____

Drivers License or State of Michigan ID #: _____

Date of Birth: ____/____/____
MM DD YYYY

Current Address: _____
Street City State Zip Code

I, _____, authorize Peckham, Inc. and the State of Michigan to do a background security check for the purpose of volunteering at Peckham, Inc.

Volunteer Signature

Today's Date

Completed applications can be returned in person, by mail or e-mail to:
Bonnie Zimmerman
Peckham, Inc.
3510 Capital City Blvd., Lansing, MI 48906-2102
bzimmerman@peckham.org