



List any clubs or organizations that you are currently affiliated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No  
If "Yes", give details-date/offense, etc.

\_\_\_\_\_  
\_\_\_\_\_

Please check all volunteer positions that you are interested in. You may check off as many as apply.

- \_\_\_\_ Kids On The Block
- \_\_\_\_ Recreation \_\_\_\_ Children \_\_\_\_ Adult
- \_\_\_\_ Citizen Advocacy (Be-A-Friend)
- \_\_\_\_ Life Enrichment Program
- \_\_\_\_ Administrative (Support Services, Business Office)
- \_\_\_\_ Vocational Services
- \_\_\_\_ Fundraising
- \_\_\_\_ Respite
- \_\_\_\_ Residential \_\_\_\_ Children \_\_\_\_ Adults
- \_\_\_\_ Other

Specify days/time available (check off):

	Morning	Afternoon	Evening	Anytime
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Volunteer / intern commitment:**

Minimum hours/week: \_\_\_\_\_  
 Number of days: \_\_\_\_\_  
 Number of weeks: \_\_\_\_\_  
 Number of months: \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Check all that apply and fill in the appropriate spaces

- \_\_\_\_ I never lose my temper
- \_\_\_\_ I rarely lose my temper
- \_\_\_\_ I rarely lose my temper but when I do, I \_\_\_\_\_

\_\_\_\_\_ During my adult life (over 20) I never struck anyone

\_\_\_\_\_ When I am angry or feel taken advantage of, I \_\_\_\_\_

**References**

1. \_\_\_\_\_  
Name Ph.# Street City State Zip

2. \_\_\_\_\_  
Name Ph.# Street City State Zip

3. \_\_\_\_\_  
Name Ph.# Street City State Zip

I attest that all of the above information is true.

Date: \_\_\_\_\_ Signature:  
\_\_\_\_\_

Interview conducted by:

Date: \_\_\_\_\_ Name:  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

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Job assignment and skills needed:

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Interviewer's comments:

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Referred to: \_\_\_\_\_

-----  
Department: \_\_\_\_\_

-----  
Date: \_\_\_\_\_



**AVERT.**

# RELEASE AUTHORIZATION

Applicant Complete the Following

Customer Number \_\_\_\_\_

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this box.  The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC. or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

\_\_\_\_\_  
Please print your full name

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IN, IA, OR, TX, WI.

- Male     Female  
 Asian     Black     Hispanic     White     Other

\_\_\_\_\_  
Drivers License Number State Issuing License

\_\_\_\_\_  
Name as it appears on license

\_\_\_\_\_  
Signature Today's Date

If Required,  
Notarize here

*When using an embossed seal,  
please shade with a pencil before Faxing.*

Subscribed and sworn before me:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

