

- Please Print Legibly -

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: Type (Circle One): Home Work Cell _____

E-mail: _____

Date of Birth: _____ How did you hear about CAAC? _____

Highest Level of Education / Degree: _____

Current Employment Status (Circle One): Full Time Part Time Unemployed Retired Student

Employment History (Starting with most recent):

Year to Year	Company / Employer	Title / Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Civic Organizations/Clubs/Boards and Positions Held:

Previous Volunteer Experience (List each agency, volunteer services provided, and frequency of service):

Are you currently volunteering anywhere else? Yes No If yes, please describe: _____

Please list any physical limitations and /or medications you take that we should be aware of: _____

Special Interests, Skills, or Qualifications (Skills may be ones acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.)

- | | |
|--|---|
| <input type="checkbox"/> Administrative / Office | <input type="checkbox"/> Forklift Operator |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Answer Phones | <input type="checkbox"/> Marketing / PR |
| <input type="checkbox"/> Quick Books | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Computer / Technology | <input type="checkbox"/> Research Skills |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Foreign Language Fluency _____ |
| <input type="checkbox"/> Curriculum Design | <input type="checkbox"/> Food Drive Coordination |
| <input type="checkbox"/> Classroom Instruction | <input type="checkbox"/> Holiday Projects |
| <input type="checkbox"/> Desktop Publishing / Graphic Design | <input type="checkbox"/> Stocking Shelves |
| <input type="checkbox"/> Financial Assistance / Planning | <input type="checkbox"/> Sorting Food |
| <input type="checkbox"/> Counseling / Social Work | <input type="checkbox"/> Pantry Shopper |
| <input type="checkbox"/> Nutrition Education | <input type="checkbox"/> Writing / Newsletter |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Writing / Grants |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Dental / Medical _____ |

Based on the CAAC Volunteer Position Summary, what position(s) are you most interested in?

How often would you like to volunteer? (Circle) Weekly Monthly Short-Term Projects Substitute

Volunteer Availability (CAAC volunteers are only allowed in the building when a staff member is present. In general, this is 7:30-5:00 M, W and Th. Pantry, Front Desk, Floaters, and Finance volunteers work shifts from 1:00 – 4:00 PM on M, W and 9:00 – Noon on Th. when the agency is open to clients. Second Harvest volunteers work 8:00 – Noon on Th.) **Please indicate the days and times you are available.**

	Monday	Wednesday	Thursday	Other (please list)
Morning Hours	_____	_____	_____	_____
Afternoon Hours	_____	_____	_____	_____

Emergency Contact Information:

Name	Relationship	Phone
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How long have you lived in South Carolina? _____ If you have lived in South Carolina less than 10 years, please list the last three states you lived in, including years:

Driver's License #: _____ State issued: _____

CRIMINAL OFFENDER STATEMENT OF DISCLOSURE

Answer all questions. A conviction includes a plea of no contact, a plea of guilty, or any court determination / verdict of guilt.

Have you ever been convicted of any crime against a person?	Yes	No
Have you ever been convicted of a crime of violence?	Yes	No
Have you ever been convicted of a crime related to drugs?	Yes	No
Have you ever been convicted of a crime of theft / larceny?	Yes	No
Have you ever been convicted in any action of sexual abuse, exploitation or physical abuse?	Yes	No
Have you ever been arrested for driving under the influence of alcohol or drugs?	Yes	No

If you answered yes to any of the previous questions, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was / were committed, sentence(s) imposed, and type(s) of rehabilitation. List all criminal convictions, even if they took place more than ten years ago.

* Conviction of a crime is not automatic disqualification for volunteer work.

APPLICATION STATEMENT OF UNDERSTANDING

I understand that this is an application for, and not a commitment or promise of, volunteer opportunity.

By submitting this application, I affirm that the facts set forth are true and complete. To the best of my ability, I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the representatives of Clover Area Assistance Center, that is truthful and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that false statements, omissions, or other misrepresentations may be cause for my immediate rejection as an application for a volunteer position with CAAC or my termination as a volunteer.

Signature: _____ **Date:** _____