



VOLUNTEER APPLICATION FORM

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home _____ Work _____ Cell _____

E-Mail: _____

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

Highest Level of Education/Degree: _____

Current Employment Status: Full Time Part Time Unemployed Retired Student

Employment History (Starting with Current or Most Recent):

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

Civic Organizations/Clubs/Boards and Positions Held (Starting with Current or Most Recent):

Year to Year	Organization	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently volunteering anywhere else? Yes No If yes, please list the agency, the volunteer services you provide, and the frequency of your service:

Previous Volunteer Experience:

Dates	Frequency	Organization	Position/Duties
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Please list any physical limitations you may have (i.e. unable to stand for long periods of time, difficulty bending or squatting, able to lift only a few pounds, dizziness, carpal tunnel, etc.):

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

- Administrative/Office
- Data Entry
- Computer/Technology
- Social Media
- Curriculum Design
- Classroom Instruction
- Financial Assistance/Planning
- Nutrition Education
- Accounting
- Fundraising
- Grant writing
- Photography
- Maintenance
- Marketing
- Public Relations
- Special Event Planning
- Research
- Foreign Language Fluency -----
- Food Drive Coordination
- Stocking Shelves
- Sorting Food
- Interpersonal Communication
- Counselling
- Written Communication
- Dentistry/Dental Care
- Other -----

Briefly, explain why you are interested in volunteering at CAAC: -----

How often would you like to volunteer? Weekly Monthly Short-Term Projects

Are you willing to work from home? Yes No Maybe

CAAC is staffed Monday & Wednesday 8:30 - 5:00 and Thursday 8-3. The hours that CAAC is open to clients seeking assistance are Monday 9-12 and 1-4; Wednesday 1-5; Thursday 9-2. Most volunteer positions require a 3-4 hour shift commitment (Pantry, Stocker, Front Desk). **Please indicate the days and times you are available:**

	Monday	Wednesday	Thursday	Other Days/Times
AM Hours:	-----	-----	-----	-----
PM Hours:	-----	-----	-----	-----

Are you willing to work a Saturday morning? Yes No Maybe

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 two states you lived in, including years:

State	Year-Year	State	Year-Year
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Driver's License #: _____ State Issued _____

CRIMINAL OFFENDER STATEMENT OF DISCLOSURE

Please answer all questions. A conviction includes a plea of no contest, a plea of guilty, or any court determination or 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 arrested for driving under the influence of alcohol or drugs? Yes No
- Have you ever been convicted in any action of sexual abuse, exploitation, or physical abuse? Yes No

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

CAAC reserves the right to require a Criminal Record Background Check of volunteer applicants.

VOLUNTEER APPLICATION STATEMENT OF UNDERSTANDING

I understand that this is an application to volunteer at Clover Area Assistance Center, and that completion of this application does not guarantee or promise that a volunteer opportunity will be made available to me.

By submitting this application, I affirm that the facts set forth are true and complete. I certify that I will provide information throughout the interview and selection process that is truthful, and I will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that false statement, omissions, or other misrepresentations may be cause for my immediate rejection as an applicant for a volunteer position.

Signature: _____ Date: _____

NEXT STEPS

After your application is received, you will be contacted by a member of staff. If a position you may be qualified for is available, an appointment for an interview will be scheduled. During the interview, you will have the opportunity to discuss your interests and skills in depth. If it appears that you may be an asset to the organization and a benefit to the people we serve, you will be scheduled for training.

Please note that individuals who are currently clients, or have been a client within the past five years, are not eligible to apply to volunteer.