



Richmond District Neighborhood Center

VOLUNTEER PROGRAM (over 18)

Application

Please Print

Section 1

Date _____

 Last Name First Name Middle

 Address

 City State Zip

(_____) _____ (_____) _____
 Home Phone Cell Phone

 Email

Education (highest level completed)	
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Please go to page 2

(to be completed by RDNC Staff)

Section 2

Received by	
Referred to	<input type="checkbox"/> Alamo <input type="checkbox"/> Argonne <input type="checkbox"/> Lafayette <input type="checkbox"/> Peabody <input type="checkbox"/> Presidio <input type="checkbox"/> Roosevelt <input type="checkbox"/> Teen Center <input type="checkbox"/> Multicultural Program <input type="checkbox"/> Youth Employment <input type="checkbox"/> Neighborhood/Family <input type="checkbox"/> Fundraising <input type="checkbox"/> Other Admin

	NOT A FIT (indicate details on reverse)
	Reference Checks Completed
	Advised HR (for fingerprinting)
	Fingerprinting Completed
	Negative TB Received
	Release from Liability Received
	Volunteer Handbook Given to Volunteer

Section 3

ASSIGNED TO:

Program: _____ Manager: _____

SEND COMPLETED PACKAGE TO HR

HR Received: _____ Welcome Sent: _____



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VOLUNTEER INTERESTS

Why are you interested in volunteering at Richmond District Neighborhood Center?

Do you need volunteer hours for school/college credit?	If yes, how many?
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Do you have special skills, talents or interest you want to pursue in your volunteer work?

Please describe any previous volunteer experience.:

Days & times you are available to volunteer: Please circle your availability for volunteering:

Mornings:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Afternoons:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Are you available/interested in working **Special Events**?

NO	YES	Morning	Afternoon	Evening	Weekend
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Are you available/interested in assisting with **special projects** such as mailings or office work?

NO	YES	Morning	Afternoon	Evening	Weekend
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Do you have an age group that you prefer working with?

NO	YES	Elementary (5-10 yr olds)	Middle (11-13 yr olds)	High School (14-18 yr olds)	Adults	Seniors
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Primary language spoken _____

Additional languages spoken _____



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Richmond District Neighborhood Center requires every volunteer who has regular contact with youth to be given a tuberculin skin test or an X-ray examination of the lungs prior to reporting for duty and every four (4) years thereafter.

Richmond District Neighborhood Center reserves the right to conduct fingerprinting for all persons over 18 years of age.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Volunteer Privacy Information and Release Authorization

Please read the following carefully

Application information

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that Richmond District Neighborhood Center requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background.

Background investigation

I understand, in consideration of my application, a background investigation (fingerprinting through the Department of Justice) will be conducted.

I authorize Richmond District Neighborhood Center to conduct the background investigation and release Richmond District Neighborhood Center from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Richmond District Neighborhood Center.

I have read and understand the above and by my signature consent to these statements.

Applicant's Signature

Date



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References:

Please list two references we may contact. References may include a work supervisor, supervisor of past volunteer work, teacher, minister, etc.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____ Email: _____

THANK YOU!