WAYSIDE HOUSE VOLUNTEER APPLICATION

378 N.E. SIXTH AVENUE
DELRAY BEACH, FL 33483
561-278-0055
ATTENTION: NICA JEAN-JACQUES
OR E MAIL NJACQUES@WAYSIDEHOUSE.NET

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, age, gender, sexual preference, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for volunteering. To the extent required by applicable law, the Company maintains a smoke- free workplace.

Days/Hours available to volunteer:

_____ to _____ Monday _____ to _____ Tuesday _____ to _____ Wednesday

_____ to _____ Thursday _____ to _____ Friday

PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____

City: _____State:_____ Zip Code: _____

Best number to reach you at: _____ Email address: _____

When will you be able to start volunteering? _____

How did you learn of our Company? _____

If referral, who were you referred by? _____

Have you ever applied, volunteered or worked at our Company before? ☐ **Yes** ☐ **No**

If yes, provide dates: _____

INTERESTS

In which areas are you interesting in volunteering?

☐ Special Events ☐ Data Entry ☐ Mailings ☐ Administrative Work ☐ Tina Posner Career Center

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SPECIAL SKILLS OR QUALIFICATIONS

List any skills or qualifications that were acquired through employment, previous volunteer work, or other activities such as hobbies or sports.

_____

_____

_____

_____

_____

_____

_____

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the volunteer work applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

REFERENCES (Please list three character references not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

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I understand that volunteers for certain positions may be required to qualify based on additional criteria. For example, I may be required to submit to a background investigation or take a pre-employment/volunteer drug test. If I am offered an assignment before any required test is completed, my status is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature: _____ Date: _____