



## WAYSIDE HOUSE VOLUNTEER APPLICATION

378 N.E. SIXTH AVENUE  
DELRAY BEACH, FL 33483  
561 278 0055

ATTENTION: MARLIES JONES

OR E MAIL [MJONES@WAYSIDEHOUSE.NET](mailto:MJONES@WAYSIDEHOUSE.NET)

### (PLEASE DOWNLOAD AND COMPLETE THIS FORM AND EMAIL TO ADDRESS ABOVE)

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

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### PERSONAL DATA

Name: \_\_\_\_\_  
Last Middle First

DOB: \_\_\_\_\_ (Month and Day Only)

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 agency? \_\_\_\_\_

If referral, who were you referred by? \_\_\_\_\_

Have you ever applied, volunteered or worked at our agency before?  Yes  No

If yes, provide dates:

\_\_\_\_\_

What would you like to do for us? Check all that apply.

Special Events

Data Entry

Mailings

Administrative Work

Tina Posner Career Center

## 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.

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## 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

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: \_\_\_\_\_

Fill out the form and email to [mjones@waysidehouse.net](mailto:mjones@waysidehouse.net)