

Community Living Options Volunteer Application

Date:

Last Name	First Name	Middle Initial
Address	City	State
		Zip Code
Telephone Number(s)		Social Security No.

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, color or handicap in the hiring, promotion, payment or discipline of employees. If you are a person with a handicap, you may request any reasonable accommodation to participate in the application or interview process. This request should be made in advance so we can make an accommodation. We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions and privileges of employment.

1. How did you learn about us ?

Advertisement Friend/Relative Walk-In
 College Posting Employee Other

2. What services are you interested in volunteering to provide?

3. How many hours per week would you like to volunteer? _____

4. Do you prefer to volunteer with Males Females No Preference

5. Please indicate the times on each day of the week that you would like to volunteer:

Sun Mon Tue Wed Thu Fri Sat

6. Have you volunteered or been employed by Community Living Options in the past? Yes No
 If yes, give date(s): _____

7. Do you currently have a valid driver's license? Yes No
 Driver's license number: _____

8. Are you 18 years or older? Yes No

9. Can you perform the duties of the job in which you wish to volunteer for with or without accommodation? Yes No

10. Have you ever been convicted of a crime Yes No

11. Are there any felony charges pending against you? Yes No

12. Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? Yes No

13. Are you on court supervised probation or parole? Yes No

14. Have charges ever been substantiated against you in a Department of Commerce/Department of Consumer and Industry Services or Department of Social Services/Family Independence Agency adult foster care licensing investigation? _____ Yes _____ No
15. Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:
- | | | | |
|---------------------------------------------------------------------|-----------|----------|--|
| Department of Commerce/Department of Consumer and Industry Services | _____ Yes | _____ No | |
| Department of Social Services/Family Independence Agency | _____ Yes | _____ No | |
| A local Community Mental Health Recipient Rights Office | _____ Yes | _____ No | |
| Any other recipient rights office | _____ Yes | _____ No | |
16. If you answered 'yes' to questions 9-14, please explain:
(Attach additional pages if necessary.)

Experience

Please describe any experience you have had related to the services you wish to volunteer to provide:

References

Please give name, address and telephone numbers of three references who are not related to you :

Name	Address	Phone Number(s)

Volunteers Statement

I certify that answers given herein are true and complete to the best of my knowledge. I hereby consent for Community Living Options to verify the accuracy of all statements contained on this application. I further consent to allow Community Living Options to contact any personal reference, past or present supervisor or personnel office from any past employer to ask questions regarding suitability for volunteering. I release Community Living Options, its representatives, the Community Mental Health Department and any corporate entity or individuals from whom employment information is requested, from any liability or civil action resulting from said receipt or release of information.

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Signature

Date