



Pierce Memorial Baptist Home

APPLICATION FOR VOLUNTEER SERVICE

Date: _____

Name: _____ Current Telephone: (____) _____ - _____

Current Address: _____

Email: _____ Social Security No.: _____ - _____ - _____

Month and Date of Birth: _____ Date of Last Physical: _____

Position (s) Desired:

1. _____ 2. _____

Goals for volunteering your time: _____

AVAILABILITY Schedule desired: (check one) DAY EVENING ANY HOURS SEASONAL

HOURS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

Date available to begin: _____ Total hours per week desired _____ Preference for particular area _____

HEALTH: If required, do you agree to:

- 1) Have a medical exam for your placement? Y N_
- 2) Provide us with recent inoculation and health status information? Y N_

EDUCATION

	Degree or Certificate	School Name	No. of Years Completed
High School/GED:			
Vocational/Trade/Business:			
Healthcare Diploma:			
College/University:			
Grad School/Special Skills:			
Education Currently Pursuing:		Expected Degree:	Completion Date:

Languages spoken: _____

Are you willing to use your vehicle? Y N_ Current ct state driver's license # _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE Are you currently employed? Y N Retired? Y N_

Start with your present or last job, include any verified volunteer work.

Employer _____ Address _____ Position Held _____ Supervisor _____ Dates Employed: From _____ to _____	Worked Performed: _____ _____ _____
Volunteer Work _____ Address _____ Position Held _____ Supervisor _____ Dates Worked: From _____ to _____	Worked Performed: _____ _____ _____

INTERESTS AND HOBBIES

REFERENCES

May we contact your current employer? Y N N/A

References (Business/School/Community other than a relative)

Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____

Referred by: Friend Relative Other Newspaper ads - which paper? _____

Has a verdict /plea of guilty ever been entered against you relative to a criminal charge? Y N
If yes, give a short explanation of the charge _____

Has a civil judgment ever been entered against you related to sexual harassment or child abuse? Y N
If yes, give a short explanation of the judgment. _____

IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Telephone: _____

APPLICANT STATEMENT - PLEASE READ CAREFULLY

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that if accepted as a volunteer, statements found to be false or misleading may be cause for my immediate dismissal. The Pierce Memorial Baptist Home has my permission to contact directly references I have listed, or any other sources, concerning my prior work or personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me.

Signature of Applicant _____ Date _____



PLEASE MAIL TO:
Pierce Memorial Baptist Home
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(860) 774-9050 • FAX: (860) 774-2028