

The Paul & Lisa Program, Inc. Volunteer Application

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
Last First Middle

Address: _____
Number Street Apt. No. City State Zip

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ E-mail address: _____

Date you are available to begin volunteering: _____

EDUCATION/TRAINING/SPECIAL QUALIFICATIONS

Current Employer/High School/College/University

Year: _____ Major: _____

Employer/Advisor Name and Contact Information: _____

Volunteer Requirements (i.e. papers, presentations, number of hours):

Areas of Interest: _____

Professional licenses/certificates/training/related experience:

REFERENCES (2)

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

Telephone Number: _____ Telephone Number: _____

Relationship: _____ Relationship: _____

Please attach a copy of your resume

CERTIFICATION

I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and beliefs, and I agree that any false statements or omissions shall be considered sufficient cause for disqualification or dismissal. I understand that nothing contained in this internship application or in the granting of an interview is intended to create a volunteer contract between the Paul & Lisa Program, Inc., and myself for either volunteering or for providing of any benefit. No promises regarding volunteering have been made to me and I understand that no such promise or guarantee is binding upon the Paul & Lisa Program, Inc., unless in writing.

I understand that, if accepted for volunteering, I will be required to follow all agency policies, procedures, and rules. The Paul & Lisa Program, Inc., reserves the right to revise policies or procedures, in whole or in part, at any time.

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

I authorize The Paul & Lisa Program, Inc., to obtain information from prior and current employers, unless noted differently below, except any information about a disability and medical condition which is prohibited by law under the Americans with Disabilities Act and the privacy act related to health. Information that may be obtained may include, but is not limited to achievement, performance, attendance, personal history, and disciplinary information. I direct prior and current employers to release such information upon request of the duly accredited representative of The Paul & Lisa Program, Inc., regardless of any agreement I may have had with you previously to the contrary. I release any individual, including record custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

I give permission for background/reference/employment checks to be done upon being placed on the eligible list

I give permission for background/reference/employment checks to be done upon being placed on the eligible list, except from my current employer. Information for my current employer may be obtained only after an extension of a conditional job offer.

I do not give permission for background/reference/employment checks to be done.

Explanation: _____

I have read, understand, and agree to the information noted above:

Signature of Applicant

Date Signed