



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name			
Address		City/Town	State Zip
Home Telephone No.	Work Telephone No.	Cell Phone No.	Email:
Have you ever volunteered at The REACH Institute? When? Why did you leave? <input type="checkbox"/> YES <input type="checkbox"/> NO			

TELL US ABOUT YOURSELF

Day(s) you are available to volunteer? (circle) M T W TH F	What area are you most interested in? (circle) Events/Fundraising Administrative/Clerical Psychotherapy Psychopharmacology Data Entry Other: _____
Time(s) you are available:	Do you speak another language? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language? _____
Please summarize specific learning goals: _____ _____	Who referred you to us? _____ Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe: _____ _____
Have you ever been convicted of a crime (s), misdemeanor (s) or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please give date (s) and details: _____ _____ _____	
Please note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. Additionally, falsification or omission of information on this application may result in immediate dismissal.	

We ask that our volunteers commit to volunteering for at least 8-10 hours each week for 12 weeks.

Please Attach Your Resume to this Application

PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at the REACH Institute:

- I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause immediate termination of my volunteer assignment. I authorize the REACH Institute to fully investigate my references.
- I hereby agree that I will keep confidential all materials I may read or learn about during my work here as a volunteer.

Signature: _____ Date: _____

PLEASE NOTE THAT THIS APPLICATION AND CHARACTER REFERENCE FORM MUST BE THOROUGHLY COMPLETED IN ORDER TO BE PROCESSED.

VOLUNTEER CHARACTER REFERENCE

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Contact Phone #: _____ **Email Address:** _____

I authorize the REACH Institute, or any agent it expressly authorizes to act on its behalf, to investigate fully all the information and references contained on my application for a volunteer position. I release my current employer as well as former employees and other appropriate references from any liability and responsibility for providing written or verbal information about me to the REACH Institute.

Applicant Signature _____
Date

SECTION 2: TO BE COMPLETED BY REFERENCE *(Family members should not act as a reference)*

Name: _____

Contact Phone #: _____ **Email Address:** _____

1. How long have you known the applicant?
2. In what role? [] Professional [] Personal [] Academic [] Other _____

3. Below, please evaluate the applicant in the following categories:

Evaluation Rating	Excellent	Above Average	Average	Needs Improvement	Not Applicable
Attendance/Punctuality					
Cooperation/Attitude					
Customer Service					
Dependability					
Initiative					
Quality of Work					

If this is a professional reference, please answer questions 4 and 5. If not, please proceed to question 6:

4. Please indicate his/her job title and dates of employment:
5. Would you rehire: Yes [] No [] If no, please explain:
6. Do you have any additional information that would help us evaluate this candidate?

Reference Signature

Date