



MemoryLane Care Services - VOLUNTEER APPLICATION

Name _____ Date _____
First Middle Last

Address _____
Street City State Zip

Phone _____ Best Time to Reach You _____
E-mail _____ Social Security No. _____

(required for background check)

Referral Source:
() Advertisement () Friend, who? _____ () Relative, who? _____

Other _____

Have you ever been employed by *MemoryLane Care Services*?
___Yes ___No If yes, when _____

Have you ever volunteered for *MemoryLane Care Services*?
___Yes ___No If yes, when _____
What were your responsibilities? _____

Are you 18 years or older? ___Yes ___No

If no, please provide contact information for parent/guardian:

Parent/guardian Name _____ Phone _____

Do you have a criminal record? ___yes ___no
If yes, explain: _____

Have you been a resident of Ohio for at least the last five (5) years? ___yes ___no

A criminal records check is required. A record of felony convictions and/or charges of violent crimes may result in dismissal.

Do you have any physical, mental or medical condition that would limit your volunteer performance?
___yes ___no If yes, explain _____

PAID WORK HISTORY Start with your most recent job first. Include military service.

POSITION _____
Name of Company _____
Supervisor's Full Name _____
Address _____
Phone No. _____
Duties _____
Date of Hire _____ Date of Leaving _____

POSITION _____
Name of Company _____
Supervisor's Full Name _____
Address _____
Phone No. _____
Duties _____
Date of Hire _____ Date of Leaving _____

POSITION _____
Name of Company _____
Supervisor's Full Name _____
Address _____
Phone No. _____
Duties _____
Date of Hire _____ Date of Leaving _____

VOLUNTEER WORK HISTORY

Name of Company _____
Supervisor's Full Name _____
Address _____
Phone No. _____ No. Hours Worked Per Week _____
Duties _____
Dates of Volunteering: From _____ To _____

Name of Company _____
Supervisor's Full Name _____
Address _____
Phone No. _____ No. Hours Worked Per Week _____
Duties _____
Dates of Volunteering: From _____ To _____
Dates of Volunteering: From _____ To _____

Name of Company _____
Supervisor's Full Name _____
Address _____
Phone No. _____ No. Hours Worked Per Week _____
Duties _____
Dates of Volunteering: From _____ To _____

OTHER INTERESTS

Briefly describe yourself, including your hobbies and interests.

Please indicate areas of volunteerism in which you are interested:

- ____ working with computers ____ working on creative projects ____ light housekeeping
- ____ landscaping ____ public policy/advocacy efforts ____ public speaking
- ____ interacting with people ____ passing out literature ____ sharing your talents
- ____ other _____

Please indicate your availability (days and times to volunteer):

PERSONAL REFERENCES

Please list three people who are not related to you and who are not past supervisors whom we may contact as personal references. If you are a student, please list at list one teacher/professor.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

EMERGENCY CONTACT(S)

Name _____ Relationship _____

Phone _____ Alternate phone _____

EDUCATION

	JUNIOR HIGH SCHOOL	HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
NAME OF SCHOOL				
CITY/STATE				
YEARS FINISHED	(Circle highest year completed) 6 7 8	(Circle highest year completed.) 9 10 11 12 GED	(Circle highest year completed.) 1 2 3 4	
DID YOU GRADUATE?	Yes No	Yes No	Yes No	Yes No
DEGREE/ CERTIFICATION				
DESCRIBE COURSE OF STUDY				

Describe any honors received:

Describe any professional licenses or certifications held:

Describe any special skills or qualifications you have:

Describe any professional, business or civic activities in which you participate:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application.

I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

This completes the application form. Thank you for your interest in MemoryLane Care Services.

**FOR VOLUNTEERS UNDER THE AGE OF 18
(to be completed by parent/guardian)**

I, _____, hereby permit my child, _____, to volunteer with MemoryLane Care Services. I understand that volunteer duties may include, but not be limited to, clerical duties, light cleaning, light landscaping, assistance with special events, and/or assistance with Care Center activity programming. I understand that my child will be supervised during all volunteer activities by MemoryLane Care Services staff. I understand that MemoryLane Care Services is not responsible for personal injury to my child while volunteering at MemoryLane Care Services, and I will provide contact information regarding how I can be reached in case of an emergency.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Name _____ Phone _____

Position _____ Date received _____

Forwarded to: ___Adult Day Services Coordinator ___Executive Director Date _____

Interview #1 () Yes () No

Interview scheduled for _____ () Yes () No

Reference 1: sent _____ received _____

Reference 2: sent _____ received _____

Reference 3: sent _____ received _____

Police Check sent _____ received _____

Interview #2 () Yes () No

Interview scheduled for _____ () Yes () No

Scheduled to begin training on _____

Closing letter sent _____