



St. John Community Development Corporation, Inc.

Volunteer Application



PERSONAL INFORMATION S1

Position volunteering for: _____ Date _____

Name _____ DOB: _____ Social Security # _____

Address: _____
 (Street) (City) (State) (Zip Code)

Email: _____

Telephone (Home) _____ Cell _____

Best Way to Contact you _____ Best Time to Contact You _____

How long have you lived at this address: _____

Previous Address _____

Are you 18 years of age or older Yes _____ No _____

Do you have a CDL Driver's License: Yes _____ No _____?

Driver's License # _____ Class _____ State _____ Date of Issue _____ Date of Expire _____

In case of an emergency, please list two contact names:

Contact Name	Relationship	Address	Phone #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you drive? _____ Do you have any driving restriction (s)? If so, explain: _____

Have you ever been convicted of a felony? ___ Yes or ___ No If yes, please explain _____

Have you ever been discharged from any employment or asked to resign? ___ Yes ___ No If yes, please explain _____

NOTE: Work schedules are based upon the need of the business and are subject to change.
AVAILABILITY: Are you available to work all hours and days of the week? ___ Yes ___ No



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EDUCATIONAL INFORMATION S2

Are you still in School? Yes ___ No ___

Name of School: _____

Parent Information: Name _____ Phone: _____

Address: _____

Parent's Signature _____ Date: _____

Students who are still enrolled in school skip to section S3

Name of High School: _____

High School Graduate: Yes ___ No ___ Graduation Date _____ Degree/Diploma/ Major _____

Name of College: _____

College Graduate: Yes ___ No ___ _____ _____

Technical Training: Yes ___ No ___ _____ _____

Other Trainings: _____

Licensure/Certification Information

Licensure/Certification Name: _____

License Number: _____ State Issued: _____ Expiration Date: _____

Licensure/Certification Name: _____

License Number: _____ State Issued: _____ Expiration Date: _____

EMPLOYMENT HISTORY/EXPERIENCE INFORMATION

Present or Last Position

Employer: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____ Salary/Wage _____

Brief Description of Duties: _____

Reason for Leaving: _____



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Previous Position

Employer: _____
Supervisor: _____
Phone: _____
Position Title: _____
From: _____ To: _____ Salary/Wage _____
Brief Description of Duties: _____
Reason for Leaving: _____

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Previous Position

Employer: _____
Supervisor: _____
Phone: _____
Position Title: _____
From: _____ To: _____ Salary/Wage _____
Brief Description of Duties: _____
Reason for Leaving: _____

Previous Position

Employer: _____
Supervisor: _____
Phone: _____
Position Title: _____
From: _____ To: _____ Salary/Wage _____
Brief Description of Duties: _____
Reason for Leaving: _____

S3 Working with Children

List previous or current work involvement with children, students or special needs individuals.

List each organization's name, address, and type of work, dates and contact person familiar with your work there.

List any talent, vocational, preparation, training or other experiences which have equipped you to work with children, students or special needs individuals:



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Because St. John CDC, Inc. SAY Save-A-Youth desires to protect the children in our care and programs, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

Why do you want to work with the children at Save A Youth?

Do you have a preference concerning the age group or sex of the children or students with whom you would like to work? Yes _____ No _____ If Yes _____ Why? _____

What is your philosophy concerning re-direction or discipline of children? _____

When you are unhappy, angry, or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stresses within the past year, such as loss of a parent, spouse, child, extreme health issues, emotional or physical crisis? Yes ___ No ___ **If yes please briefly explain.** _____

Do you consider yourself to have been physically or sexually abused as a child? Yes _____ No _____ (This information will be kept entirely confidential) **If yes please briefly explain**

Have you ever physically or sexually abused a child? _____ Yes ___ No ___

Has someone ever accused you of abusing a child? Yes ___ No ___ **if yes please briefly explain**

If a parent is not satisfied with our program what would you do to satisfy the parent? _____

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE

1. In the event of a conflict or tension between you and another staff member, how would you approach the situation?



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S4

REFERENCE INFORMATION

Name / Title	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only U.S. Citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? ___ Yes ___ NO

I certify that the information contained in this application is true and complete. I understand that falsifying information will be grounds for termination. I authorize the verification of any or all information listed above.

Signature _____ Date _____

“An Equal Opportunity Employer”

Days / Hours Available

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____ Hours available: From _____ to _____
What date are you available to start work? _____

For The Office Only

Date Hired _____ Position _____

Starting Date _____