

SPAN Volunteer Application

VW#:	Job:
Background Check Completed: <input type="checkbox"/>	
Date:	By:

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Date of Birth: _____

Emergency Contact _____

Name	Relation	Home Phone	Alternate Phone
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Volunteer Opportunities <input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Senior Pals <input type="checkbox"/> Shopping & Errands <input type="checkbox"/> Senior Center Operations <input type="checkbox"/> Office Assistance <input type="checkbox"/> Special Project/Event <input type="checkbox"/> Other _____	Please specify preferred area(s) of Denton County in which you would like to participate. (For Example: Denton or Lewisville.)													
	Availability – Please indicate the days/times you will be available.													
	<table border="1"> <thead> <tr> <th>Sun.</th> <th>Mon.</th> <th>Tues.</th> <th>Wed.</th> <th>Thurs.</th> <th>Fri.</th> <th>Sat.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.						
Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.								

How did you hear about SPAN's volunteer program? _____

Employment Experience: (Briefly Describe) _____

Describe any special skills, training, hobbies or interests. _____

Have you ever been convicted or pleaded "No Contest" for any offense other than traffic violations?

NO Yes If **YES**, describe in full. _____

References:

1. _____

Name	Relation	Telephone
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2. _____

Name	Relation	Telephone
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3. _____

Name	Relation	Telephone
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Applicant's Signature _____

Date _____

Submitted by:
Start Date:

Consent Document

Applicant Consent: I understand and agree that SPAN, Inc. will verify all or part of the information I have provided for a Criminal History Check. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contracting prior organizations), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for volunteer work or employment.

Applicant's Signature

Date

Applicant's Name Printed

Applicant's Social Security #

Voluntary EEO Identification

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO MAINTAIN INFORMATION ON APPLICANTS FOR EMPLOYMENT AND VOLUNTEER SERVICE PERTAINING TO FACTORS SUCH AS RACE, SEX, AND TYPE OF POSITION FOR WHICH THE INDIVIDUAL APPLIES. THE INFORMATION REQUESTED ON THIS SHEET IS FOR COMPLIANCE WITH CERTAIN RECORD KEEPING REQUIREMENTS. **SPAN** BELIEVES ALL PERSONS ARE ENTITLED TO EQUAL EMPLOYMENT AND VOLUNTEER OPPORTUNITIES AND DOES NOT DISCRIMINATE AGAINST ITS EMPLOYEES, VOLUNTEERS OR APPLICANTS BECAUSE OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, AGE, MARITAL STATUS OR ANY OTHER PROTECTED GROUP STATUS.

NAME: _____ **DATE:** _____

SEX: MALE FEMALE

RACE/ETHNIC DATA:

- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- HISPANIC
- BLACK (NON-HISPANIC)
- WHITE (NON-HISPANIC)