



South Central Iowa Community Action Program

*"Helping people live better ...
and build better communities"*

VOLUNTEER APPLICATION

Thank you for your interest in the community action mission – *"Helping people live better. . .and build better communities"*. Applications can be submitted to the SCICAP central office 1711 Osceola Ave, Chariton, Iowa or to the location you are wishing to volunteer. Please note that completion of this application does not guarantee placement or engagement as a Volunteer participant at SCICAP.

CONTACT INFORMATION

Full name: _____ Today's Date (mm/dd/yy:) _____

Address: _____ City/State/Zip code: _____

Telephone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____ Telephone _____

AVAILABILITY AND ASSIGNMENT PREFERENCE

Circle which program area you are applying for a volunteer opportunity:

Outreach Center Parents as Teachers Office NEST Other _____

Please list days and times you are available:

Monday Tuesday Wednesday Thursday Friday _____

Times available: _____

You may list specific times or you may use AM/PM/ALL DAY

Please check areas which you may be interested in assisting with:

Greeting/Telephone Front Desk/Cashier Assisting with Food Pantry
 Cleaning Computer/Data Entry Arranging/Stocking Shelves
 Sorting Donations Filing Classroom prep

PLEASE CONTINUE AND SIGN THIS APPLICATION ON THE REVERSE SIDE

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)? Yes ____ No ____
If "yes", please explain. (A "yes" answer to this question is not an automatic bar to acceptance into the program.) _____

Special skills, Qualifications or Experience:

Please list any languages you speak fluently: _____

Education:

<u>School Attended</u>	<u>Years attended</u>	<u>Did you Graduate?</u>	<u>Diploma or Degree?</u>	<u>Course of Study</u>
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Work/Volunteer Experience:

<u>Employer/Agency</u>	<u>Position</u>	<u>Dates: From-To</u>	<u>Volunteer or employed</u>
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Do you currently have any special certificates, licenses or registrations (CPR, First Aide, etc.)? Please list: _____

REFERENCES

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

I certify that all of the information provided on this application is true and that I have not knowingly withheld any information which might affect my application unfavorably. I understand that any misrepresentation of facts on this application may be considered justification for non-acceptance, and acceptance to a volunteer/intern position is contingent upon the completion and review of history which may or may not include a criminal background check. There shall be no discrimination against an otherwise qualified volunteer/intern by reason of disability/age/race/color/ethnicity/sex/sexual orientation/religion/national origin/or citizenship status.

Signature of Applicant: _____ **Date:** _____

Print Name of Applicant: _____

Executive Director Approval: _____ **Date:** _____