



VOLUNTEER APPLICATION

Thank you for your interest in volunteering!

Please complete all fields and return this application. An interview process will follow.

Date _____

Name _____ DOB (month/day) _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____ Gender M F Other _____

Emergency Contact

Name _____ Phone _____ Relationship _____

Occupation: _____ Retired? Y N

Place of Employment (current or most recent): _____

Professional/Personal skills, training or interests you could bring to Stewart's Caring Place:

Availability: _____ Days _____ Evenings _____ Weekends Other: _____

AREA OF INTEREST (Check all which apply)

- | | |
|---|--|
| <input type="checkbox"/> Clerical Support/Reception | <input type="checkbox"/> Presentations/Outreach |
| <input type="checkbox"/> Computer (IT Support) | <input type="checkbox"/> Program Leadership |
| <input type="checkbox"/> Fundraising committee | <input type="checkbox"/> Wig Room Support |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Special Events (may include weekends) |
| <input type="checkbox"/> Library Assistants | <input type="checkbox"/> Other _____ |

Previous volunteer experience: _____

How did you learn about the volunteer program at Stewart's Caring Place?

I, _____, confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. Furthermore, I grant Stewart's Caring Place permission to run a background check if deemed necessary.

Signature: _____ **Date:** _____

I understand that the completion of this application does not indicate whether any positions are currently open and it does not obligate Stewart's Caring Place to extend an association. I understand that the application, interview, reference check and placement process are required of all volunteer applicants and are in no way a contract to volunteer service or promise of future volunteer services. I, the undersigned, state that all information completed is true. I authorize SCP to verify the information by any means necessary.

Signature: _____ **Date:** _____

Stewart's Caring Place does not discriminate on the basis of race, color, religion, gender, age, nationality, sexual orientation or disability in employment, services, programs or activities.

Stewart's Caring Place relies on its volunteers and places only the highest quality volunteers.

Two references are requested for any volunteer applicant to verify work or volunteer history and character.

Professional References:

Reference Name _____

Reference Phone _____

Reference Email _____

Reference Relationship _____

Reference Name _____

Reference Phone _____

Reference Email _____

Reference Relationship _____

For any questions about the application process or the volunteer program in general, please contact Bobbie Martucci at bobbie@stewartscaringplace.org or 330.836.1772