

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

1. Are you willing to volunteer: Weekends?  Yes  No  
Evenings?  Yes  No  
Holidays?  Yes  No
  2. Would you like to Volunteer:  Weekly  Monthly  One-Time
  3. If this position requires you to drive, are you able to do so?  Yes  No
  4. Do you have a valid driver's license?  Yes  No
  5. Are you 18 years of age or older?  Yes  No
  6. Are you either a US citizen or an alien authorized to work in the US?  Yes  No
  7. Have you ever been convicted of a felony?  
 Yes  No **If Yes, please explain:** \_\_\_\_\_
  8. Have you ever been convicted of any offense involving a crime against a child including, but not limited to, the sexual molestation, physical or sexual abuse or rape of a child?  
 Yes  No **If Yes, please explain:** \_\_\_\_\_
- (Conviction of a crime is not an automatic bar to volunteering. PHMH will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.)
9. Can you perform the essential functions of the job with or without reasonable accommodation?  
 Yes  No

10. Describe any education, special licensing, apprenticeships, certifications or volunteer work you may possess:

---

---

---

---

11. Do you have experience in the following?

- Cash Register       Filing and Office Duties       Microsoft Office Computer Programs  
 Customer Service       Volunteer Coordination       Management

12. Would you be interested in volunteering for the following?

- Job Coaching       Medication Monitoring       Transporting Clients  
 Answer Phones       Direct Care       Assist with Group Activities  
 Life Skills Therapy and Job Development Programs       Home Place Thrift Store  
 Annual Fundraiser

13. **REFERENCES** (Give the name, address and phone numbers of three persons not related to you, whom you have known for at least one year who can speak of your job/professional qualifications.)

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business: \_\_\_\_\_

Because Prairie Harvest Mental Health serves vulnerable populations, some positions may require a criminal background check and/or a driver's record check. Volunteering may be contingent upon acceptable results of these investigations.

***My signature verifies that the information contained on this application is true and accurate to the best of my knowledge.***

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_