## Frank Olean Center/CVS INC. 93 Airport Road Westerly, RI 02891 401-596-2091

## **Volunteer Application Form**

Name:Da	Date of Application:			
Address:				
Telephone # ()Mobile/Beeper/Other Phone # ()				
Email Address:				
Best time to call at home is:May we contact you at work?				
Referral Source (please check the appropriate category and name the source)				
O Walk in	O School			
O Employee	O Job Fair			
O Advertisement	O Staffing Agency			
O Company's Website	O Gov't Employment Agency			
O Other Interest	O Other			

Availability: (Please check off the days and add in the time of day you are available)

Days of the week	Morning	Afternoon	Evening
o Monday			
o Tuesday			
o Wednesday			
o Thursday			

o Friday		
<ul><li>Saturday</li></ul>		
o Sunday		

## **Area of Interest**

(Please check off the areas of interest for volunteering)

INTEREST	YES	NO	COMMENTS
AEROBIC EXERCISE			
BEADING			
COMMUNITY OUTINGS			
COMPUTER			
CRAFTING			
CREATIVE WRITING			
DANCE INSTRUCTION			
DRAWING			
GARDENING			
MONEY/MATH			
MUSIC ENTERTAINMENT			

	PAINTING				
	READING				
	SCIENCE ( INDENTIFY)				
	SPECIAL OLYMPICS				
	SPECIAL FUNCTINS/EVENTS may be during evening hours / wkends				
	SPORTS ( INDENTIFY)				
	THEATER ARTS				
	OTHER ( Not on this list)				
nool Af	ffiliation/Coursework Informa	ation: (if	applicab	ole):	
		<u>Volunte</u>	er Histor	У	
	(Please provide the	e follow	ing inforn	nation if applicable)	
1.) N	ame of Organization/Compan	У			
Da	tes of volunteer time				
	lunteer Duties				

2.) Name of Organization/Company
Dates of volunteer time
Volunteer Duties
3.) Name of Organization/Company
Dates of volunteer time
Volunteer Duties
Please supply the names and telephone numbers of 3 professional/educational volunteer references. Please briefly describe your relationship to this person.
1
2
3
Please provide any other information pertinent to organizational memberships, affiliations etc.
Emergency Person to Contact:
Telephone Number:

## **Volunteer Applicant Statement**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I become a volunteer, my status may be curtailed at any time.

I agree to conform to the agency's rules and regulations, and I understand that these rules and/or the volunteer handbook do not form a contract, either express or implied, and I agree that my volunteer work can be terminated at any time, at either my or the agency's option. I also understand and agree that the terms and conditions of my involvement as a volunteer may be changed, with or without cause and with or without notice, at any time by the agency.

I expressly permit without reservation, the agency, its representatives to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the volunteer application. I hereby waive any and truthful and no defamatory information, in a lawful manner, in the volunteer process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered as a volunteer it will be necessary for me to reapply and fill out a new application.

This agency does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. No question on this application is used to limit or exclude an applicant from volunteer consideration.

Applicant's signature	Date ,	/ /	'
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V-00 Reviewed 3/83, 5/86 Revised 3/96, 12/2000, 4/2010, 12/2011/5/2013