

**CHRYSALIS CENTER, INC.
VOLUNTEER APPLICATION**

Chrysalis Center, Inc. does not discriminate or permit discrimination against any person or group of persons, except in the case of a bona fide occupational qualification, on the basis of race, color, religious creed, age sex, sexual orientation, marital status, family status, national origin, ancestry, lawful source of income, past or present history of mental disability, mental retardation, learning disability, physical disability, including, but not limited to, blindness or deafness, or veteran status.

(Please Print)

Date of Application		Telephone Number(s) Day _____ Evening _____ Best time to contact you at home: _____ am / pm		
Last Name		First Name		Middle Initial
Address	Street	City	State	Zip Code
Chrysalis Center, Inc. performs background checks on employees and volunteers:		Social Security Number		
Date of Birth:				

How did you become aware of Chrysalis Center?

Have you ever filed an application with us before? 9Yes 9No
If Yes, give date _____

Have you or any of your friends or relatives worked here? 9Yes
9No
If Yes, state name, relationship and location _____

Have you previously volunteered here? 9Yes 9No

Are you currently employed? 9Yes 9No
If yes, where do you work and what is your position? _____
Company Name Position

May we contact your current employer? 9Yes 9No

Does your company provide grants or other support to agencies where employees volunteer? 9Yes
9No
If yes, please list what is offered: _____

Do you have a vehicle available to use if you volunteered here? 9Yes 9No

Chrysalis Center performs motor vehicle reports on all employees and volunteers who may use their vehicles for agency purposes.

Do you have a valid driver's license? 9Yes 9No

Driver's License # _____ State _____

Anticipated time period for volunteering: _____ to _____
Date Date

How many hours would you like to volunteer on a regular basis?

Hours Daily _____ Hours Weekly _____ Hours monthly _____

Please mark the days that you are available to volunteer

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

EDUCATION

School	Name and Address of School	State	Course of Study	Dates Attended	Diploma / Degree
High School					
Undergraduate School					
Graduate / Professional School					
Other (Specify)					
License# _____ / Credentials (Specify)					

VOLUNTEER HISTORY List all volunteer experiences you have had. (If you have never volunteered, please list work history)

Agency / Company	Dates Volunteered From To	Type of volunteer duties
Address		Telephone Number

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Address		Telephone Number

Agency / Company	Dates Volunteered From To	Type of volunteer duties
Address		Telephone Number

Please list all skills you have that you would be willing to contribute.

Please list all skills that you would like to learn by volunteering with us.

REFERENCES: Please provide three (3) references (personal or professional)

Name	Relationship to You
Telephone Number	

Name	Relationship to You
Telephone Number	

Name	Relationship to You
Telephone Number	

During the past ten (10) years, have you ever been convicted of a crime (excluding traffic violations and misdemeanors)?

9 Yes 9 No

“Conviction” for this application, means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

“Conviction” does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been **erased under law**. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon.

Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

Are there any criminal charges currently pending against you? If yes, please explain. [] Yes [] No

The fact that an applicant has been convicted of a crime, standing alone, is not an absolute bar to volunteering. Rather, Chrysalis Center will consider the following factors: a) the nature of the crime and its relationship to the volunteer position in question; b) information concerning rehabilitation; and c) the amount of time elapsed since the conviction or release from custody.

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name	Relationship to You
Telephone Number	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I hereby authorized Chrysalis Center, Inc. and its designated agents and representatives to conduct a comprehensive review of all statements contained in this application for employment including my background causing a consumer report and / or and investigative consumer report to be generated as may be necessary in arriving at an employment decision.

I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: Verification of social security number; current and previous residences; employment history; records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Chrysalis Center, Inc. and it's agents. I further authorized the complete release of any records of data pertaining to me which the individual, company, firm, corporation, or public agency may have, and to include information or data received from other sources.

I hereby release Chrysalis Center, Inc., the Social Security Administration and it's agents, official, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Print Name: (first/middle/last) _____

Former Name(s) and Dates Used: _____

Current Address: (street) _____

(City) _____ (State) _____ (zip) _____

Previous Address: (street) _____

(City) _____ (State) _____ (zip) _____

Social Security Number: _____ -- _____ -- _____

Driver's License Number: _____ (State) _____ (expiration) _____

Signature of Applicant

Date

INTERNAL USE ONLY
(Interview Notes)

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