

Dial Help Employment & Volunteer Application

Submit with resume: Fax to 906-482-2502 or
mail/drop off @ 609 Shelden Avenue, Houghton MI 49931

START HERE

How did you hear about Dial Help?

- Social media Friend or family
 Dial Help website TV, radio, or newspaper
 Business or organization Other: _____

I am interested in:

- Full-Time Employment Part-Time Employment Volunteering

PERSONAL INFORMATION

Name (First, Middle, Last)

Address

City

State

Zip Code

Date of Birth

Gender

Phone (ok to text? Yes No) Email Address

EMERGENCY CONTACT

Emergency Contact

Relationship

Phone Number

EDUCATION

Highest Level of Education:

Diploma/GED Associate's Bachelor's Master's PhD

Currently in School (expected graduation date: _____)

School or University

Degree Program

WORK EXPERIENCE

Current Status:

Employed Unemployed Self-Employed Retired Student

Place of Employment

Job Title

Supervisor

Phone Number

May we contact your current employer? Yes No

Previous employer: _____

Reason for leaving: _____

OTHER EXPERIENCE

Clubs/Organizations, Interests, and Hobbies:

Volunteer Experience (where and activities performed):

Skills and Certifications:

CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes No

If yes, nature of offense, when and where:

Note: Answering yes will not automatically disqualify individuals, but will be considered with respect to time, circumstances, seriousness, and relationship to Dial Help responsibilities.

REFERENCES

List three references not related to you:

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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OTHER INFORMATION

Do you have your own transportation? Yes No

To comply with Federal guidelines, Dial Help is required to maintain proof of driver's license and insurance for all employees and volunteers.

Driver's license number: _____ State of Issue: _____

Why are you interested in working or volunteering with us?

What additional skills and strengths would you like to develop as a result of your experience with Dial Help?

At Dial Help, you may be working with clients of different ethnic and socio-economic backgrounds. Sometimes clients may have values or beliefs quite different from your own. Please describe why this will or will not present a difficulty or adjustment for you.

Is there anything else we should know/comments?

Will you be able to attend the 30 - 40 hours of required training? Yes No
(Employees will be paid for this time)

Will you be able to attend regular bi-weekly/monthly meetings? Yes No

Please check your availability below:

Mon Tues Wed Thurs Fri Sat Sun

Holidays Mornings Afternoons Evenings

VOLUNTEERS ONLY

Please check the areas of service that interest you:

Crisis Line Worker

Youth Activities

Fundraising

Legal/Grant Research

Statistics

Typing/Filing/Office Skills

Graphic Design/Outreach

Building Maintenance/Recycling

Victim Services

Sexual Assault Response Team

Advocates only: Can you commit to being on/call on a given day per week?

Yes No

If no, please indicate the length of time/commitment you are able to make:

Crisis line only: Can you commit to volunteering at least 4 hours/week?

Yes No

If no, please indicate the length of time/commitment you are able to make:

Dial Help recognizes our volunteers in our annual report and on our website. Do we have your permission to publish your name? Yes No

AUTHORIZATION FOR RECORD CHECK & SIGNATURE PAGE

I hereby authorize Dial Help, the Sheriff's Office, their employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history, and other related matters as may be necessary to determine my suitability for employment or volunteering at Dial Help. My signature below waives my right to privacy and releases employers, schools and/or persons from any and all liability in responding to inquiries in connection with my application.

My signature below also certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration.

Knowingly and voluntarily given,

Applicant Printed Name

Date

Applicant Signature

Witness Printed Name

Date

Witness Signature

For Youth Under Age 18

I give my consent for my child (named on page one of this application) to work or volunteer at Dial Help. I also give Dial Help my consent to obtain any emergency medical treatment necessary for the safety of my child.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Dial Help acknowledges that equal opportunity for all persons is a fundamental human value. Each applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.