



Advocate Voices Inc.
Where building family and children up to strive is our #1 goal!

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name: _____ DOB: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Employer: _____ Position: _____

Any special talents or skills you have that you feel would benefit our organization?

What are some reasons you are wanting to volunteer for our organization?

Interests: Please tell us in which areas you are interested in volunteering

____ Administration. ____ Events. ____ Technology ____ Fundraising. ____ Media ____ Communications.

____ Professional (attorney, SW, other professions)**ProBono or low-cost services*

Please indicate days available: Mon Tues Wed Thur Fri Sat

Times available: From: _____ To: _____

Any physical limitations? _____

In case of emergency contact: _____

Do you give the organization consent for a background check? (*Required*). If yes please fill out the next form for consent in release of information. ____ Yes ____ No

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Date: _____

OFFICE USE ONLY

T-Shirt size: _____

Date Received: _____

Consent to Background and Reference Check

Applicant Name: _____

Present Address: _____, _____, _____, _____

Social Security Number: _____

I, _____ hereby authorize *Advocate Voices Inc.* (the "Company") of Lima, Ohio and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant name:

Signature: _____ Date: _____