



# VOLUNTEER APPLICATION

## APPLICATION INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street Address Apt./Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Emergency  
Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency  
Contact Information: \_\_\_\_\_

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever applied to or volunteered with us before? Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Are you willing to undergo a background check? Yes ☐ No ☐ If not, please explain \_\_\_\_\_

## SKILLS AND INTERESTS

SELF, Inc. sincerely appreciates your interest in our organization and assures you that we are deeply interested in your volunteer interests with our organization. A basic understanding of your experiences will aid us in evaluating you for the volunteer assignment that best meets your qualifications, interests and future aspirations.

Please indicate any relevant experience, certifications, skills and/or interests you possess which may be helpful in your volunteer placement.

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## AVAILABILITY

Please let us know the days and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## APPLICATION INFORMATION

The following information is completely optional, however your assistance in completing this section is greatly appreciated.

SELF, Inc. is an equal opportunity, volunteer-based social change organization designed to motivate, empower, and inspire individuals to live their best lives. SELF, Inc. does not discriminate based on any protected class including race, religion, creed, color, gender, age, sexual orientation, gender identity, national origin, marital status, eligibility for military service or disability. Should you at any time (either pre-acceptance or during your volunteer opportunity) have reason to believe that anyone in our organization has acted contrary to our equal opportunity policy; you may report the incident directly to the Program Manager for the facility.

<u><b>Gender:</b></u>	<u><b>Ethnic Background:</b></u>	<u><b>Relationship Status:</b></u>	<u><b>Disabled:</b></u>	<u><b>Sexual Orientation:</b></u>
Male	AA (Black)	Single	Yes	Heterosexual
Female	Asian/Pac. Islander	Married	No	Gay
Trans (M2F)	Caucasian	Separated	Other: _____	Lesbian
Trans (F2M)	Hispanic/Latin Am	Divorced	Veteran	Bi-Sexual
Other: _____	Native Am/Alaskan	Committed Same Sex	Yes	Other: _____
	Other _____	Other: _____	No	

Due to the nature of our business, it is important that you understand our commitment to protecting the privacy and confidential information of our participants as required by law and that to the best of your ability you will protect, defend and respect the rights, decisions and actions of SELF, Inc. as well as those it serves. If you ever have questions about this policy, please see the Program Manager for the facility.

## **AGREEMENT**

I have read and understand the statements listed above. I agree to follow to the rules and regulations of SELF, Inc. as made known through the volunteer orientation training and as defined by the staff of SELF, Inc. Including but not limited to, performing all duties assigned to the best of my ability and being responsible to SELF, Inc. for any loss/damage of money, reports, or any other property entrusted in my care. Furthermore, I understand that my volunteer commitment is at-will and can be terminated with or without cause and with or without notice at any time at the option of either SELF, Inc. or myself. I understand that all of the following information will be kept confidential, and that this information will not be released to any federal, state, or local government agency, or any other entity without expressing written consent.

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**APPLICANT'S NAME (PRINT)**

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**APPLICANT'S SIGNATURE**

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**DATE**