



Instructions: Please PRINT CLEARLY the information requested in INK. False, misleading or incomplete information will be cause for rejection of application or termination of Employment/sub-contract services. This application must be completed by the individual requesting consideration. All statements/references will be verified for authenticity.

Last Name First Middle

Address City St. Zip

Home Tel # ( ) Cell/Other Tel #

Date Of Birth / / SS # - - e-Mail
M D Year

Drivers Lic # Exp Date State

Have you ever volunteered or worked for SoBAP before? Circle one YES or NO

Why would you like to become a SoBAP Volunteer?

Have you ever volunteered for any sites/agencies before? (Circle one) YES or NO

If yes, which agency and when?

Can we leave a message on your answering machine? (Circle one) YES or NO

Is discretion required for mailings? YES or NO

Are you willing to work on weekends and holidays? YES or NO

Are you willing to work late nights, i.e. 2:00 AM? YES or NO

Are you willing to sign a confidentiality agreement? YES or NO

**Demographic Information**

- White/Non-Hispanic
- Black/Non-Hispanic
- Hispanic
- American Indian
- Asian/Pacific - Islander/Other

**Age Group**

- 15 - 19
- 40 - 49
- 20 - 29
- 50 & Over
- 30 - 39

**Employment Information**

Are you employed?  Yes  No Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_ Are you employed?  Full-Time  Part-Time

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we contact you there?  Yes  No

**Education & Training**

- |                         |  |      |       |
|-------------------------|--|------|-------|
| High School Diploma     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year | _____ |
| GED Received            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year | _____ |
| Some College            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year | _____ |
| College Degree Received | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year | _____ |
| Post Graduate Work      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year | _____ |

**Language Skills:**

- Can you read, write and converse in English?
- Can you read, write and converse in Spanish?
- Can you read, write and converse in any other language?

**Circle One**

- YES** or **NO**
- YES** or **NO**
- YES** or **NO**

If YES, what language(s) \_\_\_\_\_

**Computer/Office Skills:**

Typing: \_\_\_\_\_ wpm

**Computer Skills: (list programs you are proficient in):**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Please tell us about any hobbies or interests you may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please tell us about any training or special abilities you may have: \_\_\_\_\_

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Please provide in the space below any other information you would like us to know about:

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**Criminal Activity**

Since your 18<sup>th</sup> birthday, have you ever been convicted of, or pled guilty to a felony or misdemeanor offence? Circle one: **YES** or **NO**. If "**YES**", state the court, nature of offense, disposition of case, date, city, and state/country.

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**Personal References**

Please provide us with the names of two persons, not related to you, whom you have known at least one year.

**Reference 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

**Reference 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Relationship \_\_\_\_\_

**Certification:** I hereby acknowledge that all statements made on this application are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal. **All** volunteers are required to provide SoBAP Government Issued photo identification prior to being accepted into any role with the Agency.

\_\_\_\_\_ **Date**                      \_\_\_\_\_ **Print Name**                      \_\_\_\_\_ **Signature**

**SoBAP is an Equal Opportunity Employer and does not discriminate based on race, religion, sex, sexual orientation, national origin, physical disability or age. Our application forms are designed to obtain applicants skills; knowledge and abilities based on specific job requirements. Questions are designed to elicit enough data to determine applicant's abilities to successfully perform the job for which she/he is applying.**

**FOR AGENCY USE ONLY**

- APPROVED** - The applicant qualifies for volunteer work at SoBAP.
- DECLINED** - The applicant does not qualify for volunteer work at SoBAP.
- COMMUNITY SERVICE:** Number Hours \_\_\_\_\_ **TARGET SCHEDULE:** Mon Tue Wed Thu Fri **HOURS:** \_\_\_\_\_

\_\_\_\_\_ **Processed By SoBAP Staff**                      \_\_\_\_\_ **Title**                      \_\_\_\_\_ **Date**