



Parent Action Community Inc.
"Bridging The Generation Gap"

Volunteer Application Form

Name and Home Address

Last Name		First Name		Initial	Nickname
Street Address				Apartment Number	Country
City		State		Zip Code + Four	
Home Phone Number ()		Business Phone Number ()		Cell ()	
E-mail Address				Phone Number ()	
Contact person in case of emergency			Relationship		Available for _____ hours a month.

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How often are you available? Weekly Bi-weekly Monthly Varies

Times: _____

Employment Information

I am: Employed Unemployed Self-employed Retired	Employer's Name	
	Occupation	Phone ()
My employer offers a time-off program for volunteers Y or N My employer offers a donation matching program Y or N		

General Background

Why are you interested in becoming a volunteer with our College Access Organization?

Do other family members volunteer at the Parent Action Community Inc.? No Yes
 If yes, what are their names? _____

Have you ever previously served as a volunteer with us? No Yes If yes, what year? _____

Do you volunteer for other groups? No Yes If yes, _____
 where? _____



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How did you learn about the volunteer opportunity?

From Parent Action Community Inc. Presenter/ Volunteer (Please give name) _____ _____	<input type="checkbox"/> From the PAC Newsletter <input type="checkbox"/> From the PAC Donor Newsletter <input type="checkbox"/> From the PAC Web Site <input type="checkbox"/> From Volunteer Match.org <input type="checkbox"/> Other (Please specify) _____
From Parent Action Community Inc. staff member (Please give name) _____ _____	

Certification and Acknowledgment

I certify that all information submitted in this volunteer application, or in my resume, interview, or other information is true and complete and that I have not knowingly withheld any information that would affect my application to volunteer at Parent Action Community Inc. PAC. I understand that due to the confidentiality of donor records all volunteers will have a criminal history background check. I give permission for this background check to occur and understand that this will remain confidential. In addition I give permission for two to three reference checks to be complete on behalf of Parent Action Community Inc.

Have you ever been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated, or dismissed)?

No Yes – explain (*conviction will not necessarily disqualify*) _____

Volunteers must have no convictions for undeclared crimes. If the crime is disclosed in advance, the issue may be adjudicated and waived by the Executive Director for misdemeanor charges under special circumstances.

If accepted as a volunteer, I understand and agree that I will be evaluated for volunteer position performance and may be terminated for poor performance or inappropriate behavior according to Parent Action Community Inc. procedures.

Signature

Date

Parent Action Community Inc.

*P. O. Box 784 Freeport NY 11520
(516) 233-0476*

www.pac4success.org

pac4success@msn.com



Reference Check Permission Form

I [please print name], _____ give Parent Action Community Inc. PAC permission to contact the references listed below to discuss my suitability as [circle all that apply]

Board Member

Youth Program Volunteer

Signature: _____

Date: _____

List two persons who have knowledge of your skills, abilities, and volunteer experience, or community involvement/interest. Your references should be people you know through different relationships and/or situations. For example: a family member, a friend and an employer (paid or volunteer position).

Reference One

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Home: _____ Cell #: _____

Relationship to the candidate: _____ **Length of relationship:** _____

Reference Two

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Home: _____ Cell #: _____

Relationship to the candidate: _____ **Length of relationship:** _____