

VOLUNTEER PLACEMENT FORM



Name _____
Last First Middle Initial

Address _____ City _____ State _____ Zip _____

Phone (Primary #) _____ (Cell #) _____

Email Address _____ Birth date MM/DD _____

Applicant is: Adult _____ College Student _____ H.S. Student _____

Current Employment (Company) _____

Address _____ Phone _____

Past Employer (Company) _____

Address _____ Phone _____

Current School (if applicable) _____

Major _____

Volunteer Experience _____

Community Service Affiliation _____

How were you referred to our program? _____

Have you ever been convicted of a felony? _____

Do you have any objection to a background check being done on you? Yes _____ No _____

Emergency Notification: Name _____ Phone: _____

Name _____ Phone: _____

Return Application to Joyce Pokorny at the CVC -7510 N. 27th Ave. Phoenix, AZ 85051. If you have questions, please contact Joyce at 602-995-2933 or email: jpokorny@orangewoodchurch.com

VOLUNTEER PLACEMENT FORM

SKILLS & EXPERIENCE (Please circle)

Administrative	Accounting/Finance	Grant Writing	Computer (IT)
Marketing/Publicity	Foreign Language _____		Fund Raising
Photography	Recruitment	Special Events	Teaching/ Mentoring

Construction _____

Sports _____

Arts/Drama _____

TIME AVAILABILITY (Please be as specific as you can.)

Weekdays (Please indicate days and times) _____

Early Evenings (Please indicate days and times) _____

Weekends (Please indicate days and times) _____

Preferred Styles:

Behind the Scenes	Task Oriented	Work Independently
In Front of Group	Work with Team	People Oriented

Adult Applicant Signature

_____ Date _____

I understand that Community Volunteer Center reserves the right to dismiss anyone's services as a volunteer if the action is in the interests of Community Volunteer Center (CC) and you. Dismissal could result from failure to comply with CC rules and regulations or inappropriate personal conduct, attitude or appearance.

VOLUNTEER PLACEMENT FORM

All applicants (including those under 18 years of age) must also agree to the following:

I will review and abide by the Service Description document specific to my service area assignment and all policies specific to the organization at which I am serving.

I will conduct myself in a professional manner at all times and with dignity, courtesy and consideration for others.

I understand that I must be in compliance with the dress code as stated by the Community Volunteer Center.

I will take any concerns and/or suggestions directly to the Director, Community Volunteer Services or their designated representative.

I understand that Community Volunteer Center reserves the right to dismiss me as a volunteer if the action is in the interests of Community Volunteer Center (CC) and me. Dismissal could result from failure to comply with CC rules and regulations or inappropriate personal conduct, attitude or appearance.

Signature _____ Date _____

Parent/Guardian Agreement for Teen Volunteer Commitment to Volunteer

I understand that Community Connections reserves the right to dismiss my son's/daughter's/dependent's services as a volunteer if the action is in the interests of Community Connections (CC) and him/her. Dismissal could result from failure to comply with CC rules and regulations or inappropriate personal conduct, attitude or appearance.

I give my consent for CC to obtain appropriate emergency medical care for my daughter/son/dependent if necessary.

My child/dependent (Name) _____ has my consent to become a Community Connections volunteer.

Home Phone: _____ Office: _____ Cell: _____

Parent/Guardian Signature: _____ Date: _____