



Mercy Education Project

Volunteer Application

CONTACT INFORMATION

Volunteer Name		Email Address	
Home Phone - -	Work Phone - - Ext.	Cell Phone: - -	
Street Address			
City	State	Zip -	

If under age 18, parent/guardian name:	Parent/Guardian Phone Numbers - - - -
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Emergency Contact Name / Relationship	Emergency Contact Phone Numbers - - - -
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VOLUNTEER HISTORY

Begin with the most recent activity.

Organization	Phone - -	Supervisor	Dates -
Responsibilities			

Organization	Phone - -	Supervisor	Dates -
Responsibilities			

Organization	Phone - -	Supervisor	Dates -
Responsibilities			

EMPLOYMENT HISTORY

Begin with the most recent employment.

Employer	Supervisor	Dates -
Address	Phone - -	
Title/Responsibilities		

Employer	Supervisor	Dates -
Address	Phone - -	
Title/Responsibilities		

Employer	Supervisor	Dates -
Address	Phone - -	
Title/Responsibilities		

EDUCATION / SKILLS

Current, or most recent, school attended	Actual or anticipated date of graduation
Highest grade/degree completed	Program of study
Special training or skills	
Languages other than English?	Level of Fluency <input type="checkbox"/> Beginning <input type="checkbox"/> Moderate <input type="checkbox"/> Advanced

REFERENCES

List three personal or professional references.

Name		Phone Number(s)	
		- -	
Address	City	State	Zip
			-

Name		Phone Number(s)	
		- -	
Address	City	State	Zip
			-

Name		Phone Number(s)	
		- -	
Address	City	State	Zip
			-

GOALS / INTERESTS

How did you learn about Mercy Education Project? What attracted you to apply to volunteer?

What do you hope to contribute?

What would you like to get out of volunteering here? What would make you feel successful?

SCHEDULE

How often are you interested in volunteering? Daily Weekly Monthly Other _____

Please check the days and times you are most likely to be available:

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 11:00 am					
11:00 – 1:00 pm					
1:00 – 4:00 pm					
4:00 – 5:30 pm					
5:30 – 7:00 pm					

VOLUNTEER INTERESTS

Rank in order of preference those activities you might be interested in doing

	Tutor a woman in __Reading __Math
	Teach a women's class. Topic:
	Food Preparation
	Greeter/Phones/Light Clerical
	Development / Fundraising
	Marketing & Event Planning
	Graphic Design

	Tutor a girl in __Reading __Math
	Teach a girls' summer class. Topic:
	Girls' After-School Projects/Activities
	Library
	Building & Grounds Maintenance
	Other. Please specify:

CRIMINAL BACKGROUND STATEMENTS

Have you ever been convicted of a crime greater than a minor traffic offense? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a felony offense? If yes, please explain and provide dates.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any pending felony charges? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been administratively determined by a federal, state and/or local government to have committed abuse or neglect? If yes, please explain.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please read the following statements and sign below:

- ✓ I understand that Mercy Education Project will perform criminal background checks and I agree to provide, upon request, the information necessary for the checks to be performed.
- ✓ I understand that the results of the criminal background checks may affect my acceptance as a volunteer at Mercy Education Project.
- ✓ I have read over my answers on this application form and affirm that they are true and accurate to the best of my knowledge.
- ✓ I hereby authorize Mercy Education Project to inquire and verify any information on this application or which I submit as part of this application process.
- ✓ I understand and agree that, if I am selected as a volunteer, the making of any false or misleading statements, including the failure to disclose information as requested, (in this application or during the application process) may result in my volunteer termination at any time.
- ✓ I understand that, if I am selected as a volunteer, Mercy Education Project requires a copy of the results of a negative tuberculosis (TB) test performed within the past three years and that it is my responsibility to obtain and provide these results.
- ✓ I understand that I will be required to present valid photo identification in order for my submitted application to be fully accepted.

Date	Signature
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Photographs of Mercy Education Project’s volunteers are occasionally taken for use in internal and/or external publications/media. Please sign below if you agree to be photographed for such purposes:

Date	Signature
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For volunteers under the age of 18

I understand that my child, _____, is applying to volunteer and I agree to his/her participation in the opportunities offered at Mercy Education Project.

Date	Signature of Parent/Guardian
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I hereby give approval for my child, _____, to be photographed for use in Mercy Education Project’s internal and/or external publications/media.

Date	Signature of Parent/Guardian
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