



# VALLEY VILLAGE

Our mission is to protect, foster, develop and advance the rights and interest of people with developmental disabilities.

## VOLUNTEER APPLICATION

PERSONAL DATA (PLEASE PRINT)			
Full Name (Last, First, Middle)			Date
Street Address		City, State, Zip Code	
Social Security Number	Phone	Alternate Phone Number	
Have you ever used another name which employment may be verified? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)	E-mail		
Are you at least 18 years of age? (Proof of age and work permits may be required prior to hiring). <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by Valley Village? If <b>yes</b> , please list position, location and dates.		
Name any relatives and/or friends currently or previously employed by Valley Village?	How were you referred to Valley Village?		

VOLUNTEER PREFERENCE								
What position are you applying for?						Date available for volunteering:		
Are you available to volunteer: (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Available to volunteer. Indicate days/hours  Start  End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Are you able to perform the essential functions of the job you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please describe what type (s) of reasonable accommodations needed:								
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please list dates and explain:								
Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; (2) an offense for which was referred to, and participated in, any pre-trial or post-trial diversion program? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please state the conviction, the county and state, and the nature of the offense: _____ _____								
<b>NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.</b>								

### EDUCATION

	Name and Address of School	Graduated		Number of Years Completed	Course of Study	Diploma/Degree
		Yes	No			
High School						
College						
Business/Trade School						
Other						

### SKILLS

Type:  Yes  No \_\_\_\_\_ WPM      10-key:  Yes  No \_\_\_\_\_ WPM

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position you are applying for? (i.e. language skills, computer skills). Please list below.

\_\_\_\_\_

### U.S MILITARY SERVICE

Service Branch:	Initial Rank:	Final Rank:
Specialty:	Special Training Received:	Discharge Date:

### WORK/VOLUNTEER EXPERIENCE List all of your jobs in the past ten years. *Begin with your present or most recent experience.*

Company Name:	Telephone :	
Address:	Dates of Employment: From: _____ To: _____	
Supervisor's Name and Title:		
Job Title and Job Duties:	Reason for Leaving:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Telephone:	
Address:	Dates of Employment: From: _____ To: _____	
Supervisor's Name and Title:		
Job Title and Job Duties:	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Telephone:	

Address:		Dates of Employment: From: _____ To: _____	
Supervisor's Name and Title:			
Job Title and Duties:		Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please identify and explain all periods of employment gaps during the last ten years:		
From:	To:	Reason of Unemployment:

<b>PROFESSIONAL REFERENCE</b> (Do not include relatives or personal friends)			
Name	Company/Occupation	Phone Number	Yrs. Acquainted

<b>EMERGENCY CONTACT</b>				
Name	Address	City, State, Zip Code	Relationship	Telephone

I hereby certify that I have been informed of the duties of the position for which I am applying and that the information on the application is correct and complete to the best of my knowledge. I agree to have any of the statements checked by the company unless I have indicated to the contrary. However, I understand that falsification or omission of any material information on this application, or failure to pass the physical examination and background check, if I receive a client related volunteer position it may be considered sufficient cause for immediate termination. I agree that if volunteering, I will abide by all policies and procedures established by the company.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_