

**CAREBREAK VOLUNTEER
APPLICATION**

NAME: _____ DATE: _____

ADDRESS: _____ APT. _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

ARE YOU OVER THE AGE OF 18? YES NO

EMPLOYER: _____ WORK PHONE: _____

IS IT OKAY TO CALL YOU AT WORK? YES NO

BRIEFLY STATE YOUR BACKGROUND, INTEREST AND/OR EXPERIENCE IN WORKING WITH CHILDREN WITH DISABILITIES:

EDUCATION (HIGH SCHOOL, COLLEGE, OTHER):

| YEAR(S) | NAME | CITY & STATE | DIPLOMA/DEGREE |
|---------|-------|--------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ARE YOU CURRENTLY A STUDENT? YES NO IF YES, WHERE: _____

EMPLOYMENT (LAST THREE YEARS):

| DATE | EMPLOYER | ADDRESS | POSITION |
|-------|----------|---------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SPECIAL SKILLS / TRAINING:

CERTIFICATE RECEIVED:

DO YOU HAVE A CURRENT CPR CERTIFICATION? YES NO INFANT /CHILD CPR? YES NO

CERTIFICATION DATES: _____

LIST ANY VOLUNTEER EXPERIENCE YOU HAVE HAD (INCLUDE DATE, AGENCY/INSTITUTION AND ACTIVITY/POSITION):

LIST YOUR INTERESTS AND HOBBIES (INCLUDE ANY/ALL HOBBIES OR INTERESTS):

COMPLETE THIS SENTENCE: I'M THE TYPE OF PERSON WHO _____

EMERGENCY CONTACT: WHO SHOULD WE CONTACT IN AN EMERGENCY SITUATION:

NAME: _____ PHONE (HOME): _____

ADDRESS: _____ PHONE (WORK): _____

_____ RELATIONSHIP: _____

DO YOU HAVE A CAR OR DO YOU RELY ON BUS TRANSPORTATION?

I GIVE MY PERMISSION TO THE CAREBREAK PROGRAM TO CONTACT THE REFERENCES LISTED BELOW AND EMPLOYERS/PLACES WHERE I HAVE VOLUNTEERED FOR ROUTINE INQUIRY INTO SUCH MATTERS AS MY CHARACTER, GENERAL REPUTATION AND PERSONAL CHARACTERISTICS. THE INQUIRY WILL BE USED TO EVALUATE MY APPLICATION. THE NATURE AND SCOPE WILL BE MADE KNOWN TO ME UPON WRITTEN REQUEST.

I UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION RENDERED IN CONNECTION WITH MY APPLICATION AS A VOLUNTEER CAN RESULT IN AN IMMEDIATE TERMINATION AS A REPRESENTATIVE OF CAREBREAK. I HAVE READ THE VOLUNTEER POLICY AND AGREE TO COMPLY WITH ALL POLICY STATEMENTS.

APPLICANT'S SIGNATURE

DATE

THE CAREBREAK PROGRAM REQUIRES THAT YOU SUBMIT THREE WRITTEN REFERENCES. IT IS YOUR RESPONSIBILITY TO SOLICIT THESE REFERENCES BEFORE YOU ARE MATCHED. WE WILL PROVIDE FORMS FOR YOU TO DISTRIBUTE TO YOUR REFERENCES AND WILL CONFIRM ALL REFERENCES BY MAIL OR BY PHONE. YOU MUST HAVE KNOWN EACH REFERENCE FOR AT LEAST ONE YEAR, AND PREFERABLY LONGER. PLEASE -- NO FAMILY MEMBERS.

PLEASE LIST YOUR REFERENCES BELOW AND THEIR DAY/EVENING TELEPHONE NUMBERS.

NAME

DAY PHONE

NIGHT PHONE

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RETURN TO: CAREBREAK VOLUNTEER COORDINATOR