

LEX Volunteer Application



Date of Application: _____

Name: _____

Address: _____ Postal Code: _____

Main Telephone: _____ Alternate: _____

Email: _____

Please provide your date of birth for statistical and insurance purposes.

Month: _____ Day: _____ Year: _____

VOLUNTEER PLACEMENT INTEREST

How did you learn about this volunteer opportunity?

- friend/family
- The Gateway
- CCI-LEX website
- Go Volunteer website
- other (please specify) _____

Why are you interested in volunteering at this time?

What are you hoping to gain or achieve? _____

What relevant skills, special interests or languages will you bring as a volunteer?

How do you like to be recognized for your volunteer contribution?

Please indicate your availability for volunteering:

	Monday	Tuesday	Wednesday	Thursday
Mornings (9am – 12pm)				
Afternoons (1pm – 4pm)				
Evenings (6pm – 8pm)				

Are you able to make a six-month commitment? yes no

If not, what length of time can you commit? _____

Can we contact you to substitute in the event of another volunteer canceling his/her shift? yes no

Would you be interested in teaching the Friday Speak Up (10a-12p) or Write On (12:30p-2:30p) classes? yes no *(*These classes are entirely volunteer – directed, we are not providing curriculum or lesson plans for these lessons.*

VOLUNTEER HISTORY

Do you have previous volunteer experience? yes no

If yes, please outline your experiences (Agency name, position, dates)

EMPLOYMENT/EDUCATION HISTORY

Name of current employer: _____

Please describe current and/or previous relevant employment: _____

High School Graduate? yes no

Other Education and training (degrees, certificates) _____

EMERGENCY CONTACT:

In the event of a personal or medical emergency while performing volunteer services, whom may we contact on your behalf?

Name: _____ Relationship: _____

Main Phone: _____ Alternate Phone: _____

REFERENCES:

Please list two people that we may contact for a reference related to your character, skills and abilities. Please include at least one professional reference.

1. _____

(Name)

(Relationship)

(Phone)

(email)

2. _____

(Name)

(Relationship)

(Phone)

(email)

Declaration:

I certify that the statements made by me in this application are true and complete. My signature authorizes CCI-LEX to contact any references from the names I have provided. I understand and agree that a false statement may disqualify me from volunteer service.

Reference Release Consent:

Conditional on my acceptance as a LEX Volunteer, and upon my written consent, I consent to CCI-LEX to release reference information related to my volunteer placement with the LEX program.

Signature: _____

Date: _____