



CONNECTIONS JOB DEVELOPMENT PROGRAM



Date _____

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ -- ____ -- ____

(circle one): MALE / FEMALE Driver License: (circle one) YES / NO

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ 2nd Phone: () _____ Email: _____

Year-Round Resident? (circle one) YES / NO U.S. Veteran? (circle one) YES / NO

Marital Status: (circle one) SINGLE MARRIED DIVORCED WIDOWED

Race/Ethnicity (circle one): CAUCASIAN / AFRICAN AMERICAN / HISPANIC / ASIAN / AMERICAN INDIAN / ALASKAN

Emergency Contact: _____ Phone: _____

Are you currently employed? (circle one) YES / NO Any past felony convictions? (circle one) YES / NO

Do you have any disabilities (please describe)? _____

What is the highest level of education completed? _____

Occupational License(s) or Certifications held: _____

Languages other than English: _____ How did you hear about Connections? _____

Please provide names and contact information for three personal/professional references:

1. _____
(Name) (Phone/Email)

2. _____
(Name) (Phone/Email)

3. _____
(Name) (Phone/Email)

Availability: Please be as specific as possible so we can best match your schedule.

Good Connections Thrift Shoppe is open Monday-Saturday, 10AM – 5PM, Connections office is open Monday-Thursday 9 AM – 4 PM; volunteers are needed during these hours.

Which day(s) are you available?

(circle all that apply)

MON TUE WED THUR FRI SAT

What times are you interested in volunteering?

(circle all that apply)

MORNINGS / NOON – 2:00 PM / LATE AFTERNOONS

In general, how many hours do you wish to volunteer each week? _____

(continues on reverse)

**Connections Job Development Program
Volunteer Application (continued)**

Please describe your professional and/or volunteer experience which will be useful in this volunteer position (examples, retail, office/administrative, counseling, teaching, human resources, etc.).

Position Held	Duties
_____	_____
_____	_____

Position Held	Duties
_____	_____
_____	_____

Position Held	Duties
_____	_____
_____	_____

Other Helpful Experience?

Why do you want to volunteer with Connections?

STAFF USE ONLY

Received By: _____	Date Received: _____
Interview Date: ____ / ____ / ____	Interviewed By: _____
References: _____	
Position Assigned: _____	Start Date: ____ / ____ / ____
Notes:	