



VOLUNTEER APPLICATION 2020-2021

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

D.O.B: _____

Preferred Phone Number: _____ Other Phone Number: _____

Current Address: _____
Street City State Zip

Email Address: _____

Emergency Contact: _____
Name Phone Number Relationship

LANGUAGES

Primary Language Spoken: _____

Additional Languages Spoken: _____

Fluency with a second language:

Beginning Somewhat comprehension/ fluent Fluent

EDUCATION: Please note the highest level of education attained (e.g. GED, High School, Diploma Associates, Bachelors, etc.)

By checking this box, I certify that I have obtained my high school diploma or equivalency

Diploma or Degree: _____
School City Degree Graduation Year

EXPERIENCE: Include all related job and volunteer experience beginning with the most recent.

Organization: _____ Position: _____

Type of Organization: _____

City and State: _____



Dates of Involvement: _____ to _____ Hours per week: _____

Description of work performed: _____

Reason for leaving: _____

Organization: _____ Position: _____

Type of Organization: _____

City and State: _____

Dates of Involvement: _____ to _____ Hours per week: _____

Description of work performed: _____

Reason for leaving: _____

CRIMINAL CONVICTION/ ADJUDICATION

Depending on the circumstances, existence of a criminal conviction may or may not disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. You will be required to participate in a criminal background check and fingerprinting. Pending charges may result in a delay of application processing or disqualification.

Have you ever been convicted of a crime? Yes No

If yes, date: _____ City: _____ State: _____

Charge: _____
Action taken: _____

DEMOGRAPHIC INFORMATION (OPTIONAL)

Experience Corps is committed to the principles of equal opportunity and strictly prohibits discrimination on the basis of race, sex, age, religion, national origin, disability, or any other characteristic protected by applicable local or federal law. The following demographic information is for record keeping purposes only and will not be a factor in selection.

GENDER Male Female Other

ETHNIC BACKGROUND: Please check the box that best describes your racial or ethnic origins

- American Indian or Native Alaskan Latino/Hispanic Caucasian (Non-Hispanic)
- Native Hawaiian or Other Pacific Islander West Indian Multi-Racial
- Black or African American African Other

MILITARY SERVICE. Are you a veteran? Yes No



SCHEDULE

We try to accommodate member schedules as best as possible. We ask that you are available at least two to three days per week for two and a half hours each day. Morning times are most critical as most of our schools hold their “reading blocks” during this time. Please indicate the days/times you are available to volunteer:

Monday morning afternoon Thursday morning afternoon
Tuesday morning afternoon Friday morning afternoon
Wednesday morning afternoon

After-School program schedules if available will vary by location with typical hours from 3:00 pm up to 6:00 pm.

Monday afternoon Wednesday afternoon
Tuesday afternoon Thursday afternoon

AMERICORPS SERVICE

Have you previously served in AmeriCorps? Yes No

If YES, which program? Check all that apply:

AmeriCorps VISTA AmeriCorps NCCC AmeriCorps State and National Program

City/State of Service: _____ Dates of service: _____ to _____

Did you complete your term of service? Yes No

If NO, why not? _____

Please list any additional skills or experiences pertinent to the duties of AARP Experience Corps volunteer here:

Briefly explain your interest in participating in Experience Corps.

How did you hear about our program?



REFERENCES

Applicant is responsible for submitting two references not related to or relatives of applicant. We will either call each reference you list below or email them a reference form. Admission into the program is contingent upon both reference checks being successfully completed.

Reference Name: _____ Relationship: _____

Phone number: _____ Email: _____

Reference Name: _____ Relationship: _____

Phone number: _____ Email: _____

CERTIFICATION

I hereby consent to permit AARP Foundation Experience Corps to contact anyone it deems appropriate to investigate or verify any information provided to me to discuss my suitability for a volunteer position, including my background, volunteer experience, education, or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone proving such information.

I hereby authorize any organization affiliated with AARP Foundation Experience Corps to investigate my background as necessary for the consideration of my application for a volunteer position.

I further authorize all persons, schools, companies, organizations, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with AARP Foundation Experience Corps from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Signature: _____

Date: _____