

# SPAN Volunteer Application

VW#:	Job:
Background Check Completed:	<input type="checkbox"/>
Date:	By:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name	Relation	Home Phone	Alternate Phone
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<b>Volunteer Opportunities</b> <input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Senior Pals <input type="checkbox"/> Shopping & Errands <input type="checkbox"/> Senior Center Operations <input type="checkbox"/> Office Assistance <input type="checkbox"/> Special Project/Event <input type="checkbox"/> Other _____	Please specify preferred area(s) of Denton County in which you would like to participate. (For Example: Denton or Lewisville.)						
	<b>Availability – Please indicate the days/times you will be available.</b>						
	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

How did you hear about SPAN's volunteer program? \_\_\_\_\_

Employment Experience: (Briefly Describe) \_\_\_\_\_

Describe any special skills, training, hobbies or interests. \_\_\_\_\_

Have you ever been convicted or pleaded "No Contest" for any offense other than traffic violations?

NO  Yes If **YES**, describe in full. \_\_\_\_\_

**References:**

1. \_\_\_\_\_

Name	Relation	Telephone
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2. \_\_\_\_\_

Name	Relation	Telephone
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3. \_\_\_\_\_

Name	Relation	Telephone
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submitted by:
Start Date:

## Consent Document

**Applicant Consent:** I understand and agree that SPAN, Inc. will verify all or part of the information I have provided for a Criminal History Check. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contracting prior organizations), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for volunteer work or employment.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Name Printed*

\_\_\_\_\_  
*Applicant's Social Security #*

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## Voluntary EEO Identification

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO MAINTAIN INFORMATION ON APPLICANTS FOR EMPLOYMENT AND VOLUNTEER SERVICE PERTAINING TO FACTORS SUCH AS RACE, SEX, AND TYPE OF POSITION FOR WHICH THE INDIVIDUAL APPLIES. THE INFORMATION REQUESTED ON THIS SHEET IS FOR COMPLIANCE WITH CERTAIN RECORD KEEPING REQUIREMENTS. **SPAN** BELIEVES ALL PERSONS ARE ENTITLED TO EQUAL EMPLOYMENT AND VOLUNTEER OPPORTUNITIES AND DOES NOT DISCRIMINATE AGAINST ITS EMPLOYEES, VOLUNTEERS OR APPLICANTS BECAUSE OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, AGE, MARITAL STATUS OR ANY OTHER PROTECTED GROUP STATUS.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEX:**  MALE  FEMALE

**RACE/ETHNIC DATA:**

- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- HISPANIC
- BLACK (NON-HISPANIC)
- WHITE (NON-HISPANIC)