

Chance...



VOLUNTEER/INTERNSHIP APPLICATION (Please Print)

Date of Application: (mm/dd/yyyy)

Name: Last First Middle

Address: Street City State Zip Code

- Volunteer/Internship Position: Accounting (Oshkosh only), IT (Oshkosh only), "Chance" program, Maintenance (Oshkosh only), Home Health - Administrative, Marketing (Oshkosh only), Human Resources, Reception, "Imagine" program, Other:

Contact Phone #: Best time to call:

E-mail Address: Are you 18 or older? Yes No

Name of emergency contact: Emergency contact phone #:

Name of emergency contact: Emergency contact phone #:

Have you been convicted of a felony or misdemeanor in the last seven years? Yes No

If yes, please state date, place and nature of convictions:

AVAILABILITY

Please check the days and times you are most often available to volunteer. (Check all that apply.)

- Sunday: Morning Afternoon Evening
Monday: Morning Afternoon Evening
Tuesday: Morning Afternoon Evening
Wednesday: Morning Afternoon Evening
Thursday: Morning Afternoon Evening
Friday: Morning Afternoon Evening
Saturday: Morning Afternoon Evening

I'm available: Spring Summer Winter Fall

Any additional information you would like us to consider:

EMPLOYMENT EXPERIENCE

List your last two (2) employers or assignments, starting with the most recent, including military experience.				
EMPLOYER	Phone:	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	Phone:	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

VOLUNTEER/INTERNSHIP EXPERIENCE

List your last (2) volunteer/internship activities relevant to the position you are applying for, starting with the most recent.				
EMPLOYER	Phone:	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	Phone:	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATIONAL BACKGROUND

SCHOOL/LOCATION	# OF YEARS COMPLETED	DEGREE/DIPLOMA	MAJOR	MINOR
TECHNICAL COLLEGE	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
UNDERGRAD COLLEGE/UNIVERSITY	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
GRADUATE SCHOOL	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

PROFESSIONAL/TRADE CERTIFICATION OR LICENSES

CERTIFICATION/LICENSE	DATE (mm/dd/yyyy)	ISSUED BY

REFERENCES*

*Please provide 2 business/work references, and 1 personal or school reference that are NOT related to you.

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN	BEST TIME TO CONTACT

I voluntarily offer my services with a clear understanding that there is no monetary compensation or the expectation of future employment.

I understand Clarity Care, Inc. is an equal opportunity employer and service provider and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

I understand that volunteering/interning with this company is "at will," and that there is no guarantee a volunteer/internship position exists. If brought on as a volunteer/intern, I may terminate my volunteer/internship experience at any time for any reason, and the company may terminate my volunteer/internship experience at any time for any reason not contrary to law.

I authorize any screening required by Clarity Care and understand my volunteer/internship assignment is contingent upon successful completion of the screening. I understand that a criminal background check and information received from this application (and/or resume, if submitted) will be used for determining my eligibility for volunteering/interning.

I release from any and all liability all representatives of Clarity Care for their acts performed in good faith and without malice in connection with evaluating my volunteer/internship application. I further authorize any party having information bearing upon my qualifications to release such information to Clarity Care and also release any party from liability in sharing this information with Clarity Care. I also authorize Clarity Care to release information to prospective employers.

I certify that my statements in this application are true and complete, and I authorize investigation of the statements I have made. I understand that falsification of this application constitutes grounds for rejection or termination from Clarity Care.

I have reviewed, understand and agree to the above conditions.

I accept I decline

I give Clarity Care, Inc. permission to send me informational material? Yes No

Applicant Name

Date

Applicant Signature