The Camden Sophisticated Sisters Drill Team Inc.

1314 Park Blvd

Camden, NJ 08103

VOLUNTEER APPLICATION

|  |
| --- |
| NAME (First, Middle, Last) |
| SOCIAL SECURITY NUMBER | TELEPHONE NUMBER |
| CURRENT STREET ADDRESS | YEARS AT THIS ADDRESS (If less than 2 years, please complete “Previous Address”) |
| CITY | STATE | ZIP CPDE |
| CURRENT STREET ADDRESS | YEARS AT THIS ADDRESS  |
| CITY | STATE | ZIP CPDE |
| EMAIL ADDRESS (please print clearly) |
| What is the best way to contact you? |
| How did you hear about Camden Sophisticated Sisters? |

**Volunteer Interest and Experience**

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| **What type(s) of Volunteer Positions are of interest to you?** |
| **When days and times are you most available to volunteer?** |
| Please list any special talents, skills or abilities you have that will help support the mission of the organization: |
| Personal Achievements: (training/special skills/language proficiency) |
| Do you have any impairment (physical, mental or medical) which would interfere with your ability to perform the position for which you have applied? If YES”, please explain. |
| Other community affiliations (e.g., religious, athletics, service organizations, etc.): |
| Please detail other volunteer experience or interaction with children: |
| Special training, skills, etc. relating to children: |
| Why do you want to work with CSS? |
| With what age group or gender do you prefer to work? Why? |

Education/Training

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| --- | --- | --- | --- |
| GRADE SCHOOL | HIGHEST GRADE COMPLETED | FROM (MO/YR) | TO (MO/YR) |
| CITY | STATE |
| HIGH SCHOOL | HIGHEST GRADE COMPLETED | FROM (MO/YR) | TO (MO/YR) |
| CITY | STATE |
| COLLEGE OR OTHER | MAJOR/DEGREE (OR NUMBER OF CREDIT HOURS COMPLETED) | FROM (MO/YR) | TO (MO/YR) |
| CITY | STATE |
| COLLEGE OR OTHER | MAJOR/DEGREE (OR NUMBER OF CREDIT HOURS COMPLETED) | FROM (MO/YR) | TO (MO/YR) |
| CITY | STATE |
| COLLEGE OR OTHER | MAJOR/DEGREE (OR NUMBER OF CREDIT HOURS COMPLETED) | FROM (MO/YR) | TO (MO/YR) |
| CITY | STATE |
| PRESENT EMPLOYER | POSITION | EMPLOYEDFROM: TO:  |
| REFERENCE | BUSINESS TELEPHONE |
| BUSINESS ADDRESS | CITY, STATE | ZIP CODE |
| Briefly describe your responsibilities |
| PREVIOUS EMPLOYER | POSITION | EMPLOYEDFROM: TO:  |
| REFERENCE | BUSINESS TELEPHONE |
| BUSINESS ADDRESS | CITY, STATE | ZIP CODE |
| Briefly describe your responsibilities |
| PREVIOUS EMPLOYER | POSITION | EMPLOYEDFROM: TO:  |
| REFERENCE | BUSINESS TELEPHONE |
| BUSINESS ADDRESS | CITY, STATE | ZIP CODE |
| Briefly describe your responsibilities |

**PERSONAL REFERENCES**

**(Not former employers or relatives)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | RELATIONSHIP | TELEPHONE | ADDRESS |
|  |  |  |  |
|  |  |  |  |
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**BACKGROUND**

To protect the children participating in our programs, Camden Sophisticated Sisters conducts a background check of all volunteers. Please provide the information below and complete the attached Authorization and Release Form. We thank you for your cooperation in maintaining a safe environment for our children.

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| Are you over 18 years of age? YES NO  |
|  |   |
|  |  |
| Have you ever been convicted of a crime? YES NO  | If YES, Please detail the circumstances. This will not automatically exclude you from volunteering. Attach additional pages as necessary |

**EMERGENCY CONTACT INFORMATION**

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| In case of an emergency, who should be notified? |
| Name  | Telephone | Address | Relationship |
| Please list an alternative person if we are unable to reach the person listed above. |
| Name  | Telephone | Address | Relationship |

The statements contained herein are true and complete, to the best of my knowledge. I authorize investigation of all statements made in this application. I understand that I shall have no right to examine any references obtained or information gathered pursuant to my application. I release Camden Sophisticated Sisters and each individual acting on its behalf from all liability relating to the investigation of the statements contained herein. I will abide by the Code of Ethics for Volunteers, as amended from time to time.

Applicant Signature Date: