

SERENITY LANE

VOLUNTEER APPLICATION

Please Print

Ref# _____

Name: _____ Date of Application: _____
Last First Middle

Address: _____ Telephone Number: _____
Street City State Zip County

Type of Work or Position Applied for: _____ Date Available: _____

Over 18 years Yes No

Do you speak, read, or understand a second language other than English? Yes No

If yes, please list the language and level of fluency: _____

EDUCATION AND TRAINING:

Name of High School	Where Located?	Graduated	Yes	No
College or University	Where Located?	Degree Earned or No. of Years Attended		
College or University	Where Located?	Degree Earned or No. of Years Attended		

Other Schooling or Training

PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY:

Name _____
Address _____
Phone _____ Relationship _____

REFERENCES(Continued):

Name _____ Phone _____
Address _____
Occupation _____ Years Known _____

REFERENCES:

Name _____
Address _____
Phone _____ Relationship _____

Name _____
Address _____ Phone _____
Occupation _____ Years Known _____

How did you hear about this position? _____

Please note: All applicants must pass a criminal background check and drug screen prior to their first shift.

All former Serenity Lane patients who wish to volunteer must have at least one year since being discharged from Serenity Lane. This does not include involvement in Serenity Lane's Alumni program

Volunteer and Professional Experience

Provide the following information on your last four (4) employers or volunteer activities, starting with the most recent

From: _____	To: _____	Position Held: _____
Description of Duties _____		
Name of Employer _____		Name of Immediate Supervisor _____
Address _____		Phone: _____
Reason for Leaving _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	To: _____	Position Held: _____
Description of Duties _____		
Name of Employer _____		Name of Immediate Supervisor _____
Address _____		Phone: _____
Reason for Leaving _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	To: _____	Position Held: _____
Description of Duties _____		
Name of Employer _____		Name of Immediate Supervisor _____
Address _____		Phone: _____
Reason for Leaving _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	To: _____	Position Held: _____
Description of Duties _____		
Name of Employer _____		Name of Immediate Supervisor _____
Address _____		Phone: _____
Reason for Leaving _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand and agree that:

1. All statements on this application are true to the best of my knowledge. I understand that Serenity Lane may use this information I provided to check references and job history.
2. This is an application for a volunteer position. If accepted I will be provided the materials necessary to perform the functions of the position, but that I am volunteering at my own risk.

I have read and understand the above.

Date: _____ Signature: _____