



Volunteer Application

Name: _____
(Last) (First) (Middle)

Street Address: _____

(City) (State) (Zip Code)

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Are you a student? Yes No If yes, what grade/year? _____ Are you 18 yrs or older? Yes No

If yes, what school do you attend? _____

College Students: *If you hold an international student visa, have you discussed the specifics of what you will be doing at Mayflower with the Office of International Student Affairs or the Director of Service and Social Innovation in the CLS?*
 Yes No (If no, you need to do so.)

Are you confident that what you will be doing as a volunteer at Mayflower is in line with visa regulations?
 Yes No

Have you done volunteer work for another organization? Yes No

If yes, where and what did you do? _____

Foreign Languages spoken: _____

Hobbies or interests: _____

What skills, training, or knowledge do you wish to utilize here? _____

Why do you want to volunteer at Mayflower Community? _____

Do you have health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?

Please tell us which days and times you are available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Anytime

How many hours would you like to serve? _____ per _____

Do you wish to put a time limit on your volunteer commitment?

3 months 6 months 1 year Indefinite

Additional comments or information _____

Do you have a family member employed at Mayflower Community? Yes No

If you answered yes, please list name of family member: _____

Have you ever volunteered or been employed with any Mayflower Community, or any other contracted agency affiliated with Mayflower Community? Yes No

Previous volunteer experience with any other organizations? Yes No

Special Training/ Certification: _____

Please provide 2 personal or professional references:

1. Name _____ Phone _____

Email Address _____ Relationship _____

2. Name _____ Phone _____

Email Address _____ Relationship _____

If chosen to volunteer, please complete the emergency contact information:

Name: _____

Relationship: _____ Phone: _____

We will contact you for an interview and run a background check. When volunteer criteria has been met, we will schedule you for volunteer orientation and health screening, if required. Please bring your photo ID to your appointments. If you have any questions please call 641-236-6151.

SINGLE CONTACT LICENSE & BACKGROUND CHECK

When considering individuals for volunteer services, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, residents, the public, and Mayflower Community property. This conviction information must be disclosed before an applicant can be considered for volunteering which may involve unsupervised access to developmentally disabled persons or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for volunteer services.** Each case will be given individual consideration.

Name (Last) (First) Middle)

Other Names/Alias (Married, Maiden)

Social Security No:

Date of Birth:

Gender:

Male Female

Have you ever been convicted of a felony within the past 5 years? Yes No

If yes, please explain:

You will not be considered for a volunteer position if you do not complete and sign this form.

I certify that the information contained in above-stated information is true, correct, and completed to the best of my knowledge. I understand that consideration for volunteer services and the continuation of subsequent volunteering depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I understand that false or misleading information in my application or interview will be the cause for rejection of this application or dismissal if discovered after the start of my volunteer service. I authorize Mayflower Community to make inquiries regarding my education, work experience, references, and any criminal conviction history. I understand that acceptance for volunteer services may be conditioned on the receipt of a satisfactory criminal conviction report from law-enforcement related agencies.

Signature _____ Date _____

