



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Languages Spoken: _____ Level of Fluency: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

Highest Level of Education

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Current Employment

Company: _____ Phone: _____

Supervisor: _____ Job Title: _____

Responsibilities: _____

May we contact your supervisor for a reference? YES NO

Skills and Experience

Please describe your prior non-profit or volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work in the field of refugee aid?

Why do you want to volunteer with Africa Sunrise Communities?

What position(s) are you interested in?

How often could you volunteer?

<input type="checkbox"/> General Volunteer	<input type="checkbox"/> Travel Volunteer		
<input type="checkbox"/> Events Volunteer	<input type="checkbox"/> Fundraising Volunteer	How many hours per week? _____	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
<input type="checkbox"/> Office Volunteer	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**BACKGROUND INVESTIGATION
RELEASE FORM**

Applicant: Please read, sign and date the following:

This is to inform you that a background investigation will be conducted as part of your board membership and/or volunteer position vetting process.

I AUTHORIZE all former employers, listed references, law enforcement agencies and courts, credit bureaus, academic institutions, or other sources of information pertaining to me to release and deliver such information upon request to Africa Sunrise Communities, Inc. (ASC).

I AUTHORIZE the ASC, to conduct a criminal history search, and other background checks already enumerated above or as otherwise required.

I understand that board membership and/or volunteer position with ASC or any of its affiliates or subsidiaries is contingent upon successful completion of the background investigation. I acknowledge that if I provide false, inaccurate, incomplete, or misleading information it may result in my being terminated at a future date.

I also release ASC its affiliates, subsidiaries, employees, trustees and agents from any and all claims and liability related to or arising from my background investigation. I further release any and all parties providing information in connection with my background investigation from any and all claims and liability related to or arising there from, and all such parties are authorized to provide any information requested by ASC in connection with the background investigation and to rely on this release as if they were a party hereto.

I understand I may request access to the results of credit reports and/or criminal record checks conducted in connection with this background investigation and that I will be given an opportunity to address any findings that would negatively impact upon my position on the board of directors for ASC and/or as a volunteer or employee.

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize the disclosure of my social security number is **voluntary**. I also realize my social security number will be used for the purpose of facilitating the background investigation. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the expressed purpose of processing the aforementioned background investigation.

Date _____

Applicant's Signature

Full Name/Include Maiden Name
(Type or Print Legibly)

Social Security Number

Date of Birth

Driver's License Number
(if applicable)

Current Address (Street, Apt. #, City, State, Zip Code)