



PROJECT, INC.

Volunteer Application and Agreement Form

Application Date _____

Name _____

Home Address _____

Work Phone _____ Home Phone _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer informed of your volunteer service and achievement?

No ☐ Yes ☐

Ethnicity (Optional, for statistic purposes only):

☐ **Caucasian**

☐ **Asian**

☐ **American Indian or Alaska Native**

☐ **Other** _____

☐ **African American**

☐ **Hispanic or Latino**

☐ **Native Hawaiian or Pacific Islander**

☐ **Native American**

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer in the field of [description of field, e.g., domestic violence, child abuse prevention, youth recreation, etc.]?

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver’s license? No ☐ Yes ☐
Do you have car insurance? No ☐ Yes ☐
Do you have a car available for transporting others? No ☐ Yes ☐

REFERENCES
Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Nick of Time Project, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Nick of Time Project, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Nick of Time Project, Inc. or my termination as a volunteer.

Signature _____ Date _____

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

INSTRUCTIONS

- 1) Fill out and complete the applications to the best of your ability.
- 2) Sign and date the last page.
- 3) Choose ONE of the following ways to submit your application:

By MAIL: 1946 W. GLENOAKS BLVD., STE. B, GLENDALE, CA 91201
(Preferred)

OR

By FAX: 888.774.2913

OR

By Email: Nickoftimeproject@gmail.com