



Date Received: _____
Orientation Date: _____
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete

VOLUNTEER APPLICATION/INFORMATION STATEMENT

It is my understanding that the information provided by me on this form is to remain confidential. The information will be used by Fisherman's Mark staff to best utilize my skills and talents in some form of volunteer work.

The information provided on this form is accurate and complete. I understand that my volunteer hours will be recorded and that Fisherman's Mark can provide a letter with verification of hours upon request (please allow 5 business days for completion). I also understand that the responsibility for recording those volunteer hours, through accurate use of the sign-in sheet, is mine.

Signature of the Volunteer _____
Date

Name *PLEASE PRINT*: _____

Address: _____

ZIP: _____

Home Telephone: _(_____) _____

Cell Phone *(if you wish to be contacted in this manner)*: _(_____) _____

Office Telephone *(only if you wish to be called at work)*: _(_____) _____

Best day and time to call: _____

e-Mail Address: _____

How did you learn about Fisherman's Mark?

What do you know about the work of Fisherman's Mark?

Why did you select Fisherman's Mark as a place to Volunteer?

Do you prefer to work alone or as part of a team?

Your time as a Volunteer with other organizations: Please describe your previous Volunteer activities.

What part of that/those experience(s) did you enjoy most?

Amount of time I am available to Volunteer at Fisherman's Mark:

- M T W R F
- Morning Early Afternoon Late Afternoon
- # of Hours _____/Week # of Hours _____/Month

Type of Volunteer activity you would like to participate in (check all that apply):

- Clerical Mailing Assistance
- Data Entry Painting (Interior/Exterior)
- Event Participation Food Distribution/Pantry
- Food Pick-up Early Childhood Education
- Handyperson Tutor or Job Coaching for Adults

Special skills I feel I can contribute as a Volunteer: _____

Special skills I feel would like to develop as a Volunteer: _____

***Please note that all volunteers under the age of 16 must be accompanied by a supervising Parent/Guardian at all times.**

Statement With Regard to Conviction of Crimes

Evidence of conviction of a crime, in itself, shall not automatically preclude a person from serving as a Volunteer and shall not automatically result in the removal or termination of a Volunteer worker. Fisherman’s Mark reviews applications in accordance with the following EEOC Guidelines.

The U.S. Equal Employment Opportunity Commission Compliance Manual advises that employers cannot enact a "blanket exclusion of persons convicted of any crime." Employers can reject an applicant with a criminal conviction if the employer can demonstrate that the reason was "job related." EEOC Guidelines require employers to consider three factors: the nature and seriousness of the crime, how long it has been since the conviction and the type of job at stake.

I (Please print your name) _____ sign my signature below indicating that I have never been convicted of any crime in any state of the United States or in any country of the world.

Signature

Date

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

I (Please print your name) _____ have been convicted of the following crimes. I have indicated below the crime, the date of the conviction, and the location where pertinent data may be found.

CRIME

DATE

LOCATION OF INFORMATION

If completing Community Service please indicate the number of hours to complete. _____

AFFIRMATIVE ACTION QUESTIONNAIRE

The information requested below is voluntary. When data is reported, it will not identify any specific individual.

Birth Date (Month Day Year)_____

GENDER: Please *check one*: Male Female

RACIAL GROUPS:

- American Indian / Alaskan
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Two or More Races

ETHNIC GROUP: Please *check one*:

- White/ Hispanic
- White/Non-Hispanic

VETERANS (a veteran of the US military, ground, naval or air service): *Please check all that apply.*

Disabled Veteran

Other Protected Veteran

Armed Forces Service Medal Veteran Recently Separated Veteran Most Recent

Discharge/Release Date: _____