

Susie's Place Volunteer Application

7386 Business Center Dr, Suite B, Avon, IN 46123

(317) 272-5696

We consider applicants for all volunteer positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

First Name	Middle Name	Last Name
Address		
Email Address		
Home Phone Number	Cell Phone Number	Work Phone Number
Church Affiliation	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name
Field of Study	Employment Status <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Working Full-Time <input type="checkbox"/> Working Part-Time <input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Retired	Current Employer & Job Title
Are you 15 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Month & Date <i>only</i>	Emergency Contact Name (s) & Number (s) 1. 2.

Areas of Interest <input type="checkbox"/> Landscaping <input type="checkbox"/> Holiday Activities <input type="checkbox"/> Bulk Mailing <input type="checkbox"/> Maintenance <input type="checkbox"/> Education/Outreach <input type="checkbox"/> Moving furniture <input type="checkbox"/> Cleaning/Organizing <input type="checkbox"/> Receptionist/Clerical <input type="checkbox"/> Computer Work <input type="checkbox"/> Special Events <input type="checkbox"/> Donation pick-up/Delivery Other _____ _____ _____	Availability <input type="checkbox"/> Daytime Su M T W R F Sa <input type="checkbox"/> Evening Su M T W R F Sa <input type="checkbox"/> Weekends <i>only</i> Sat. Sun. <hr/> # of Hours Available: _____ per/ <input type="checkbox"/> Week <input type="checkbox"/> Month <hr/> Date available to start? _____
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How did you hear about Susie's Place?		
List previous volunteer work.		
List any special skills, training, experience (business, professional, trade, or civic) that may be applicable to volunteering with Susie's Place.		
Are there any medical and/or physical conditions that would prohibit you from participating at Susie's Place as a volunteer?		
Why do you want to volunteer with Susie's Place at this time?		
List any additional information, special interests, or experiences you feel may be helpful to us in considering your application.		
Have you filed a volunteer application with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed or volunteered with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of anything more than a minor traffic offense? (criminal history checks required prior to volunteering)		<input type="checkbox"/> Yes <input type="checkbox"/> No
References:		
Name	Relationship	Daytime Phone Number
Name	Relationship	Daytime Phone Number
Name	Relationship	Daytime Phone Number
Volunteer Signature		
I certify that information/ answers given herein are true and complete to the best of my knowledge. I consent to and authorize Susie's Place to complete reference checks by contacting the references provided above.		
Signature	Date	

Please print and complete this form, sign and date, and return to:

Susie's Place
7386 Business Center Drive,
Suite B
Avon, IN 46123