

# Cleveland State University



## Community Volunteer Application

**Name:**

## Community Volunteer Application

All information will be treated confidentially. Please answer all questions as completely as possible.

Personal Information								
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other:			
Last Name:		First Name:			Middle Initial:			
Address:					City:			
State:		Zip:		Email:				
Home Phone:		Business Phone:		Cell Phone:				
Emergency Contact:								
Name:				Relationship:				
Day Phone:				Evening Phone:				
Group Affiliation: (If there is no affiliation check here <input type="checkbox"/> )								
Group Name:								
Group Address:								
City:			State:		Zip:			
Group Contact Name:			Phone:		Alternate Phone:			
Availability:								
Days:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times:	<input type="checkbox"/> Morning 6am-12pm		<input type="checkbox"/> Afternoons 12pm-6pm		<input type="checkbox"/> Evenings 6pm-12am		<input type="checkbox"/> Nights 12am-6am	
Would you be available to assist in preparedness activities/projects?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
How much time do you feel you want to commit to volunteering?								
<input type="checkbox"/> _____ times per week				<input type="checkbox"/> _____ times per month				
<input type="checkbox"/> _____ times per year				<input type="checkbox"/> Other (specify):				
Licenses: (Drivers and Professional)								
Type:		State:	Number:			Expiration:		
Type:		State:	Number:			Expiration:		

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Please rate your skills in all of the areas that apply to you.

Skill	Minimal	Good/ Satisfactory	Above Average / Expert
Accounting			
Bookkeeping			
Completing Forms 1 on 1			
Communications (telephone, radios)			
Computers & Data Management			
Custodial Tasks			
Data Entry			
Desk Top Publishing (computer)			
Detail Orientated			
Directing People Traffic			
Directing Vehicle Traffic			
Event Planning			
Filing (paperwork)			
Food Service Preparation for (groups)			
Foreign Language (please specify)			
Inventory Control			
Narration Skills (presenter)			
Leadership of teams			
Organizational skills			
Photography			
Public Speaking			
Receptionist / Clerical			
Scheduling experience			
Secretarial Skills			
Sign Language			
Supervision / Management			
Telephone Skills			
Television / Video Programming			
Typing Skills			
Wheelchair transporting			
Volunteer Management			
Other: (Specify)			

**Please tell us about your licensure and/or experience in the following areas, if any:**

Licensure / Experience	State	Expiration	Lic #	< 3yrs	> 3yrs
Dispensing pharmaceuticals					
Drivers license					
Gov, EMA, Agency Official					
Health / Medical Professional					
Law Enforcement / Security					
Maintenance / Custodial					
Medical physician					
Medical triage					
Working with special needs population					
Training and / or public speaking					
Other (specify):					

1) Have you ever volunteered with our municipality in the past? *If Yes, in what capacity?*

2) What attracted you to our volunteer program? Is there any aspect of our work that most motivates you to seek to volunteer here?

3) What would you like to get out of volunteering here? What would make you feel like you've been successful?

4) What have you enjoyed most about your previous volunteer work? About previous paid employment?

5) Describe your ideal supervisor. What sort of supervisory style do you prefer to work under?

6) What are your areas of expertise and would you like to volunteer those skills?

7) Is there anything else that you would like us to know that would assist with your placement as a volunteer?

I verify that the information I have given above is current and accurate to the best of my knowledge. I also verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this information is incomplete or untrue I understand that my volunteer assignment can and will be terminated.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_