

NORTHWEST CHILDREN'S HOME, INC.

APPLICATION FOR VOLUNTEER

AN EQUAL OPPORTUNITY EMPLOYER

PO Box 1288 Lewiston ID 83501
(208) 746-1601

Each question should be answered fully and accurately. Please do not use a "see resume" reference. No action can be taken on this application until all questions have been answered. PLEASE PRINT except for signature on the last page of the application. All information given will be available only to persons who have a "need to know" or as required by law.

How would you like to volunteer:
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____
Name (Last, First, Middle)
Address (Street, City, State, Zip)
Phone ()

Do you have a valid diver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ State Issued _____
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If under 21 years of age, please list your birth date _____

On what date would you be available to volunteer? _____

How many hours per week would you like to volunteer (include availability)?

Do you have an end date or number of hours to fulfill with volunteer work?

All persons offered a volunteer position will be required to have a drug test with a negative result.

Have you been convicted of any criminal offense other than minor traffic violations? Yes No
Conviction will not necessarily disqualify applicant from employment. All hires will be fingerprinted in accordance with Idaho State Law.

If yes, please explain _____

If you are applying to work directly with children, do you have a minimum of a high school diploma or equivalency?
 Yes No

Please list all family members currently employed by Northwest Children's Home, if any.

EDUCATION

	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME		
CREDIT HOURS COMPLETED		
DEGREE RECEIVED		
DESCRIBE COURSE OF STUDY		
List job related specialized training, certification and licensures		

EMPLOYMENT/VOLUNTEER EXPERIENCE

Employer	Phone ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
Address				
Job Title				
Supervisor				
Reason For Leaving				

May We Contact For References? Yes No Later

Employer	Phone ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
Address				
Job Title				
Supervisor				
Reason For Leaving				

May We Contact For References? Yes No Later

Employer	Phone ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
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		FROM	TO	
Address				
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Supervisor				
Reason For Leaving				

May We Contact For References? Yes No Later

REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS

NAME	ADDRESS	PHONE

What do you hope to gain from your experience at Northwest Children's Home?

What special skills or certifications do you offer Northwest Children's Home?

Intern/Volunteer Commitment Form

By initialing on each line I acknowledge that I am aware of what is expected of a volunteer for Northwest Children's Home and am willing to make the commitment as described for the duration of my service.

_____ I understand that acceptance into the volunteer/intern program is contingent on this agreement.

_____ I am willing to make the commitment as a volunteer/intern for at least _____ months.

_____ I will work a minimum of _____ hours per week.

_____ I understand that attendance to all training sessions is mandatory except with prior approval. I will be responsible for making up any missed sessions as soon as possible.

_____ I commit to scheduling 1 check-in session per month with the assigned internship/volunteer supervisor.

_____ I will have an active e-mail account that I will check once per week.

_____ I understand that NCH has a zero tolerance policy in regards to sexual harassment, violence, alcohol/drug use and theft.

_____ I will contact NCH if I am unable to fulfill a volunteer/intern commitment I have scheduled.

_____ I will maintain client confidentiality.

Intern/Volunteer Signature

Date

CERTIFICATION

I UNDERSTAND THAT ANY VOLUNTEER OFFER THAT MAY BE EXTENDED TO ME WILL BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A TEST FOR ILLEGAL DRUGS.

The volunteer application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, credit record, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Northwest Children's Home to release to any person, firm, entity or organization with whom I may seek employment in the future, any truthful information concerning my work experience with Northwest Children's Home. I hereby release and hold Northwest Children's Home harmless from any claim for releasing any truthful information within its knowledge and/or records.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature of Applicant

Date

This application is current only for sixty days, at the conclusion of which time, if you have not heard from Northwest Children's Home and still wish to be considered for application, it will be necessary for you to fill out a new application.