Anne Grady Services
1525 Eber Road Holland, Ohio 43528
419-866-6500
www.annegrady.org
Dignity, Respect, and Quality Care

VOLUNTEER APPLICATION

Name:_____ Date:_____
First Middle Last

Address:_____

_____

Phone:_____

Referral Source: ( ) Advertisement ( ) Friend
( ) Relative ( ) Other _____

Type of volunteer assignment preferred: _____

Commitment hours per month: _____

Have you ever applied for a volunteer or job paid position at Anne Grady Corporation? Yes No

Have you been convicted of a crime in the past ten (10) years (excluding misdemeanors and summary offenses)?

_____

_____

Do you have any physical, mental or medical condition that limits your volunteer work? ( ) Yes ( ) No

If yes, please explain:
_____

_____

In case of an emergency contact: _____
Name

_____
Address Phone Relationship

REFERENCES

Please list three people who are not related to you and who have known you for at least one year.
(Give complete information.)

Name: _____

_____

Phone: _____

Relationship: _____

Name: _____

Address: _____

_____

Phone: _____

Relationship: _____

Name: _____

Address: _____

_____

Phone: _____

Relationship: _____

EMPLOYMENT

Current Position: _____

Name of Company: _____

Supervisor's Name: _____

Dates worked: From _____ to _____

VOLUNTEER WORK

Position: _____

Name of agency: _____

Supervisors Name: _____

Dates of volunteering: _____ to _____

Average hours worked per month: _____

Duties: _____

Position: _____

Name of agency: _____

Supervisor's Name: _____

Dates of volunteering: _____ to _____

Average hours worked per month: _____

Duties: _____

EDUCATION

	High School	College/Technical School	Graduate
Name of School			
Years Finished	9 10 11 12	13 14 15 16	
Did you graduate?	Yes No	Yes No	Yes No
Degree/Certificate			

Describe any licenses or certifications held: _____

_____

_____

Please describe below, why you want to volunteer: _____

_____

_____

_____

_____

_____

_____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also understand, that I am required to abide by all rules and regulations of the Anne Grady Corporation.

_____ _____

Signature of Applicant Date