



READ ASSOCIATION VOLUNTEER APPLICATION

Date Rec.	_____
Date Int.	_____
Orientation	_____
Vol. #	_____
Center	_____

Please print clearly

Last Name _____

First Name _____ Middle Name _____

Address _____
Street City State zip

Home Phone _____ Work Phone _____

May we call you at work? ___yes ___no Best time to call _____

E-Mail _____

EMPLOYMENT STATUS

Employed Retired Student Looking for Work Homemaker

Current Employer _____ Position _____

Address _____
Street City State zip

EDUCATION

School
Are you a current Student? Yes No Name _____

Grade Level or Degree Completed _____ College _____

VOLUNTEER STATUS

Reasons for wanting to volunteer with the READ Association:

Volunteer Experience:

Organization Name	City/State	Dates	Describe Duties
1.			
2.			
3.			

SKILLS, HOBBIES OR SPECIAL INTERESTS

Please list any special interests, talents, or hobbies you have: (i.e. Clerical, computer, public speaking, reading, writing, working with children etc.)

PREFERRED SERVICE AND TIME AVAILABLE

What time commitment are you prepared to make? 9 Months Longer

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Do you have a preferred Center Location? _____ If so, where? _____

Are you willing to be placed at a Center where most needed? _____

Are you interested and available to volunteer for special one-day projects or READ events?

Please list any health related conditions which may prevent you from performing any volunteer work responsibilities: _____

REFERENCES

Please provide us with the names and phone numbers of two references:

1. Name _____ Phone _____

2. Name _____ Phone _____

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BACKGROUND CHECK CONSENT AUTHORIZATION

Have you ever been convicted of a crime, including a misdemeanor? Yes No If yes, state where and nature of offense: _____

I hereby authorize the READ Association of Saginaw County to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. I understand that it is the READ Association’s responsibility to review criminal history information and READ will use this information solely for the purposes of determining eligibility to volunteer with minors. The following information is required to obtain accurate information and will be held confidential.

Please print clearly

Name _____
Last First Middle

Maiden Name _____

Alias Names _____

Birth date _____ / _____ / _____ Sex: ____ Female ____ Male
Month Day Year

Michigan Drivers License # _____

Race _____ (Optional, used to determine diversity of volunteers)

SIGNATURE

I certify that the responses on this application are true to the best of my knowledge. I agree that this information may be verified and my references be contacted by the READ Association. Misrepresentation of facts constitutes cause for separation from volunteer placement.

Signature

Date

Mail to:

*READ Association of Saginaw County
100 S. Jefferson, Suite 401
Saginaw, Michigan 48607*

office phone: 989-755-8402

fax: 989-755-8404