



# Children Are People, Inc.

Volunteer Application

Please complete and return to CAP.

info@childrenarepeopletn.org or P.O. Box 1443, Gallatin, TN 37066

I am volunteering to: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what offense? Give date and detail of incident. \_\_\_\_\_

Are you currently on parole or on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Volunteer Requirement:** Acceptable police/background check

Drivers Licence Number: \_\_\_\_\_

Automobile Insurance: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## EDUCATION

High School Name: \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, do you have a General Equivalency Diploma (GED)? \_\_\_\_\_ Yes \_\_\_\_\_ No

College/University Name: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

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## EMPLOYMENT HISTORY

Employment Dates (Mo./Yr.)	Previous Employers Name, Address and Phone Number	Position Held	Reason For Leaving

## REFERENCES

Give the names of three persons not related to you, whom you have known at least one year. Include at least one reference that is work related.

Name/Title	Day Time Phone Number(s)	Relationship	Yrs. Acquainted

In case of an emergency notify: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am accepted as a volunteer, this application shall be grounds for immediate denial of my application to volunteer.

I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that if I am accepted to be a volunteer, it is for no definite period and may be terminated at any time without prior notice for any reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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P.O. Box 1443, Gallatin, TN 37066

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## REFERENCE FORM

CAP requires two references with at least one being a fairly current work related reference.

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Volunteer Candidate: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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1. How long have you known the applicant? \_\_\_\_\_

2. What was or is your relationship with him/her? \_\_\_\_\_

3. What was his/her level of responsibility and reliability? \_\_\_\_\_

4. What can be said about the candidate's self-initiative? \_\_\_\_\_

5. How does he/she work with  
co-workers? \_\_\_\_\_  
other professionals? \_\_\_\_\_  
the public? \_\_\_\_\_

6. What do you consider the strong points of the applicant? \_\_\_\_\_

His/her weak points? \_\_\_\_\_

7. If this applicant was one of your employees or worked with you, please answer these questions:

a.) Was arrival to work on time a problem for the applicant? \_\_\_\_\_

b.) Was absence from work a problem for the applicant? \_\_\_\_\_

c.) How would you describe the applicant's job performance? \_\_\_\_\_

8. Would you have any concerns in hiring this person for a job which involves working directly with youth?  
(If so, please share your concerns.) Is there a certain age/sex of youth with whom this person does not  
work well? \_\_\_\_\_

9. Would you hire this individual in a similar capacity? \_\_\_\_\_

10. Under what terms did this individual leave your organization? \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Position: \_\_\_\_\_

Business/Agency: \_\_\_\_\_

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