



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 |
|-------------------------------|--|---------------|--------------------|
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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

Children Are People, Inc.

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.

Volunteer Candidate: _____

Reference Name: _____ Date: _____

Phone: _____ Cell Phone: _____

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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