



VOLUNTEER APPLICATION

PERSONAL						
Last Name	First	Middle Initial	Date			
Home Address	Street	Apt.	City	State	Zip Code	
Home Phone and/or Message/Cell Phone # () ()			E-mail			
How did you hear about Pretend City? <input type="checkbox"/> Advertisement: _____ <input type="checkbox"/> Employee Referral						
How did you hear about this position?						

VOLUNTEER AVAILABILITY & INTERESTS																											
Days & Times Available: (Please Circle) <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 5px;">Sunday AM PM</td> <td style="border-right: 1px solid black; padding: 5px;">Monday AM PM</td> <td style="border-right: 1px solid black; padding: 5px;">Tuesday AM PM</td> <td style="border-right: 1px solid black; padding: 5px;">Wednesday AM PM</td> <td style="border-right: 1px solid black; padding: 5px;">Thursday AM PM</td> <td style="border-right: 1px solid black; padding: 5px;">Friday AM PM</td> <td style="padding: 5px;">Saturday AM PM</td> </tr> </table>	Sunday AM PM	Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM PM	Saturday AM PM																				
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How often would you enjoy volunteering?																											
Are there any days and/or hours that you are not available to volunteer?																											
Why did you become interested in volunteering at Pretend City?																											
Please check areas of interest/skills you can offer: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Advertising</td> <td style="width: 33%;"><input type="checkbox"/> Financial/Investor Relations</td> <td style="width: 33%;"><input type="checkbox"/> Mediation</td> </tr> <tr> <td><input type="checkbox"/> Artist</td> <td><input type="checkbox"/> Foreign Language: _____</td> <td><input type="checkbox"/> Media Relations</td> </tr> <tr> <td><input type="checkbox"/> Board/Committee</td> <td><input type="checkbox"/> Fundraising</td> <td><input type="checkbox"/> Photography</td> </tr> <tr> <td><input type="checkbox"/> Bookkeeping</td> <td><input type="checkbox"/> General Office</td> <td><input type="checkbox"/> Publicity</td> </tr> <tr> <td><input type="checkbox"/> Community Outreach</td> <td><input type="checkbox"/> Graphic Design</td> <td><input type="checkbox"/> Public Speaking</td> </tr> <tr> <td><input type="checkbox"/> Computer</td> <td><input type="checkbox"/> Human Resources</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Data Entry</td> <td><input type="checkbox"/> IT</td> <td><input type="checkbox"/> Strategic Planning</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Mailings</td> <td><input type="checkbox"/> Writing</td> </tr> <tr> <td><input type="checkbox"/> Event Planning</td> <td><input type="checkbox"/> Marketing</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Advertising	<input type="checkbox"/> Financial/Investor Relations	<input type="checkbox"/> Mediation	<input type="checkbox"/> Artist	<input type="checkbox"/> Foreign Language: _____	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Board/Committee	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Photography	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> General Office	<input type="checkbox"/> Publicity	<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Computer	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Research	<input type="checkbox"/> Data Entry	<input type="checkbox"/> IT	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Education	<input type="checkbox"/> Mailings	<input type="checkbox"/> Writing	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Marketing	<input type="checkbox"/> Other
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EMPLOYMENT HISTORY/SKILLS

Employer	From	To	Job Title (s)

If currently employed, may we contact you current employer? YES NO

PERSONAL REFERENCES

Name	Relationship	Address	Phone Number

GENERAL INFORMATION

<p>Are you able to perform the essential functions of the job for which you are applying for, either with or without reasonable accommodation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, describe the function that cannot be performed.</p>
<p>Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?</p> <p><i>Convictions of marijuana-related offenses that are more than two years old need not be listed.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, state nature of the crime(s), when and where convicted and disposition of the case. <i>(Note: No applicant will be denied solely on the grounds of conviction of a criminal offense.)</i></p>

VOLUNTEER'S CERTIFICATION, AGREEMENT AND NOTICE

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

 Applicant's Name (Please Print) Applicant's Signature Date

Signature of Applicant: _____

Date: _____