

Community Partnership on Aging
 Attn. Corinne R. Dunn, Volunteer Coordinator
 1370 Victory Dr.
 South Euclid, OH 44121
 216-291-3902

Volunteer Application

Name:	Date:
Address:	Phone: (h) (c)
Email Address:	
Are you currently employed? Y N	When would you be available to begin work?

Work Experience

Current employer:	Dates of employment:
May we contact your present employer?	Immediate supervisor:
Telephone:	Job Title:
Duties performed:	

Emergency Information

Name:	Phone numbers: (H) (W) (C)
Primary Physician name and number:	

Do you expect to need assistance performing any of your volunteer activities?
 Yes No

Legal

Have you ever been convicted of or pleaded no contest to a crime (misdemeanor or felony)?

(Conviction does not necessarily disqualify an applicant from employment).

If so indicate the date, reason, disposition of the case and where it occurred.

Previous Paid and/or Unpaid Employment:

Company Name, address and phone:	Dates employed:
Position:	Reason for leaving:
Duties performed:	Supervisor:

Education

High School:	Degree received:	Years completed:
College:	Degree received:	Years completed:
Trade School:	Degree received:	Years completed:
Military Experience:	Branch:	Years of service:

Skills

List courses or certifications received that would be beneficial to this position:

General

Are you related by birth, marriage or co-habitation to any employee of the Community Partnership on Aging or the cities of South Euclid, Lyndhurst, Mayfield Heights, or Highland Heights?	
Is there any information you feel would be helpful to us in the consideration of your application:	

References (professional or personal but they cannot be related to you):

Name:	Title and relationship to you:	Phone:
Name:	Title and relationship to you:	Phone:

Please indicate below any preferences you have in regard to the type of assignment you prefer, the location you wish to work at and/or the times you are available. CPA will make attempts at matching your needs with ours.

By signing below I acknowledge and agree to the following:

- I understand that the Community Partnership on Aging is committed to maintaining a drug/alcohol free workplace and that I agree to follow the policies as they exist.
- I certify that the information I have provided here is true and that a misrepresentation or omission will result in my being disqualified from the position.
- I understand that, should I be hired, my employment is considered "at will" meaning that I may be released without cause.

The Community Partnership on Aging is an Equal Opportunity/Affirmative Action Employer. Applicants will be considered for all positions without regard to race, color, religion, handicap, gender, national origin, age, marital, sexual orientation or veteran status.

Signature: _____

Date: _____