

# DAUGHTERS OF MIRIAM CENTER

135 HAZEL STREET • CLIFTON, NJ 07011

PHONE: (973) 772-3700/01/02 • FAX: (973) 253-5389

[www.daughtersofmiriamcenter.org](http://www.daughtersofmiriamcenter.org)

## VOLUNTEER APPLICATION

**Please Print Clearly**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Emergency Contact Name/ Phone Number \_\_\_\_\_

Social Security# \_\_\_\_\_ Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years old or older? Yes      No      Date of Birth \_\_\_\_\_

Are you either a US citizen or lawfully permitted to work in the US? Yes      No

What hours are you looking to volunteer?

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Mornings (Hours) \_\_\_\_\_ Afternoon (Hours) \_\_\_\_\_ Evenings (Hours) \_\_\_\_\_

Education	Name/ Location of School	Highest Grade Completed	Areas of Concentration
High School	_____	_____	_____
College	_____	_____	_____
Graduate/ Professional	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____

List any criminal convictions related to qualifications as a volunteer. Do not list any convictions which have been cleared from your record or sealed by court or probation office. A conviction will not necessarily bar a volunteer. Factors such as age at the time of the offense, seriousness and nature of violations and rehabilitation will be taken into account. Criminal background checks are conducted as part of the volunteer applicant process.

\_\_\_\_\_

\_\_\_\_\_

Please check below the types of volunteer worked you are interested in performing.

- |                 |                |                   |                               |
|-----------------|----------------|-------------------|-------------------------------|
| Friendly Visits | Reading        | Write letters     | Play Cards/ Games             |
| Gift Shop       | Computer Games | Clerical Work     | Assist with Activity Programs |
| Animal Visit    | Computer Input | Discussion Groups | Other                         |

**References:**

Name	Address/Phone Number	Relationship

\*You will be required to provide a minimum of 2 reference letters prior to beginning volunteer work

**Prior Work Experience (List the last or present employer)**

Dates	Name/Address/ Phone # of Employer	Supervisor's Name/ Title	Reason for Leaving

**Prior Volunteer Experience (List the most Recent organizations)**

Dates	Name/Address/Phone# of Organization	Supervisor's Name/ Title	Reason for Leaving

**Handicap/Disability**

Are you able to perform all the tasks involved in the volunteer position for which you have applied with or without accommodations? If you require accommodations, please advise us what you would need:

\_\_\_\_\_

I attest that the above information is complete and accurate. I understand misrepresentation or omission may result in terminating this assignment.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_