



## STARPOINT VOLUNTEER APPLICATION

Date:		Date of Birth:		Sex : <u>  </u> M <u>  </u> F	
Last Name:		First:		Middle:	
Home Address:		City:		State:                      Zip:	
Home telephone:		Business telephone:			
Cell or Pager:		E-mail address			
<b>Emergency Contact Information:</b>					
1) Name		Phone		Relationship:	
2) Name		Phone		Relationship	
<b>Experience (include both paid a volunteer work; beginning with the most recent):</b>					
Organization Name:		Address:		Phone Number:	
From:                      To:		Volunteer or Paid Position:		Supervisor Name:	
Organization Name:		Address:		Phone Number:	
From:                      To:		Volunteer or Paid Position:		Supervisor Name:	
Organization Name:		Address:		Phone Number:	
From:                      To:		Volunteer or Paid Position:		Supervisor Name:	
<b>Education (highest level achieved)</b>					
Institution Name:		City/State:		Degree/Major                      Dates Attended	
<b>Current Licenses (please include drivers license)</b>					
Type:		Number		State                      Exp. Date:	
Type:		Number		State                      Exp. Date:	
<b>Fluent Language Skills: Include all languages you can speak, write or read; include sign language:</b>					
<b>Skills:</b>					
<b>Administration</b> <input type="checkbox"/> Computer support <input type="checkbox"/> Data Entry <input type="checkbox"/> Filing <input type="checkbox"/> Management <input type="checkbox"/> Project Management <input type="checkbox"/> Special Projects <input type="checkbox"/> Volunteer management <input type="checkbox"/> Other _____					
<b>Availability</b>					
<b>Monday:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Times available:		<b>Tuesday:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Times available:		<b>Wednesday:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Times available:	
		<b>Thursday:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Times available:		<b>Friday:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Times available:	
				<b>Weekends:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Times available:	

**Answering "yes" to the following questions does not necessarily disqualify an applicant.**

Has your license to operate a motor vehicle ever been revoked:

- Yes, please explain
- No

Have you ever been convicted of a felony?

- Yes, please explain
- No

Have you been convicted of a misdemeanor within the past 24 months?

- Yes, please explain
- No

**I offer to volunteer my services to Starpoint. I understand that I will not be paid in any way. I understand Starpoint reserves the right to dismiss volunteers for any reason.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Volunteer Release of Liability Statement

I release Starpoint, its employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to my person or property, which may occur due to my negligence or other actions or omissions.

This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer services. This may include, but is not limited to, traveling in agency designated vehicles, working with individuals who may have mental or physical disabilities, participating in physical labor and/or any other volunteer activities. I realize that this is a binding contract. I have read and understand this policy and knowingly and voluntarily sign below.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

A background report will be conducted in the course of consideration of volunteer work with Starpoint. In connection with this request, I authorize all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person and/or company with which this form has been filed, or their agent, background information gathering service. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I hereby authorize Starpoint to obtain any and all information regarding criminal and driving record, including sex offender registration.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Last Name:	First:	Middle:
Other names used (maiden/AKA)		
Date of birth:		
Social Security Number:	Driver's License Number/Issuing State:	
Include states you have lived in during the past 7 years:		

### CONFIDENTIALITY POLICY

I understand that I will maintain confidentiality regarding any company or consumer information that is made known to me as a result of my volunteer work with Starpoint. Specifically, this means that outside the agency, no information, incidents, or stories will be related to anyone for any reason without a properly signed release of information and approval of Starpoint. I understand that I may be removed from my volunteer position for violation of this policy.

Signature:

Date: