



Twin Oaks Community Services
Level I Volunteer Candidate Form

Twin Oaks Community Services considers applicants for all positions without regard to: race; color; religion; sex; national origin; age; sexual orientation; marital or veteran status; the presence of a medical condition, or handicap, unrelated to performing the tasks of the job; or any other legally protected status.

Personal Information

Name: _____ **Date:** _____
 First (M.I.) Last

Address: _____ **Email Address:** _____
 (Street number and name, city, state, zip code)

Telephone Numbers (please indicate home, work, cell phone, pager, etc.):
home: _____ **cell:** _____ **work:** _____

Occupation: _____
Employer/School _____

Are you 18 years of age or older? Yes _____ No _____
 If no, what is your birth date? _____

Have you ever been convicted of a crime? Yes _____ No _____
 If yes, please provide date(s), township(s), and circumstances

(Conviction may be relevant if job related, but does not necessarily bar you from employment.)

Have you ever been adjudged (received a guilty ruling), in a civil or criminal court for abusing a developmentally disabled person or any other person receiving services from the Department of Developmental Disabilities or placed with a community service provider regulated by the Department of Human Services or any other service or community service provider?
 Yes _____ No _____
 If yes, please explain: _____

Are you legally eligible to work in the United States? Yes _____ No _____

Do you have a valid driver's license if applicable to the position? Yes _____ No _____

Why do you want to volunteer? (please check all that apply)

Do something good _____ Court-ordered community service _____ Meet new people _____

Use or develop skills unrelated to work _____ Internship requirements _____ Company project _____

Gain experience in a desired field of work _____ School graduation requirements _____

Church program requirements _____

Other (please specify)

Availability

How many hours per week do you wish to commit to as a volunteer? _____

Please use the grid below to indicate your current availability for a volunteer assignment.

Time of Day	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
morning							
afternoon							
evening							

Related Background Information

Please list any training, certifications and highest level of education completed.

Please list any paid or volunteer work experience you can apply as a Twin Oaks Community Services volunteer.

Please list any skills, interests or hobbies you can apply as a Twin Oaks Community Services volunteer.

References

Please supply work, volunteer or personal references. Do not list relatives or household members.

Name	Relationship to You	Company Name	Phone #	Years Known
1.				
2.				
3.				

Referral Source

How did you hear about volunteering at Twin Oaks Community Services?

Employee _____ Newspaper ad _____ Twin Oaks Community Services website _____
Sent resume _____ Volunteer website _____ other _____

I hereby give Twin Oaks Community Services the right to inquire into my previous employment, education and references; and I release from liability all persons, companies, and corporations supplying such information.

I understand that any false answer, statement, or representation made by me in this application constitutes sufficient cause for termination of employment. I affirm that I have a genuine intent and no other purpose in applying for a job within the Agency. I also understand that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between Twin Oaks Community Services and myself for either employment or for the granting of benefits. If an employment relationship is established, I understand and agree that it is not for a definite period of time and I have the right to terminate my employment at any time and that Twin Oaks Community Services retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the policies and procedures of Twin Oaks Community Services, and the laws of the State of New Jersey.

Volunteer Candidate Signature _____ **Date** _____

Parental Consent

I understand that my child, named above, wishes to be considered for volunteer work at Twin Oaks Community Services. I hereby give my permission for him or her to serve, should he or she be accepted by the agency. I understand that my child will be expected to meet all of the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that my child will not receive monetary compensation for services contributed. I understand and give permission for my child to be transported in a Twin Oaks Community Services vehicle. If under the age of 12, student volunteer must be accompanied by parent or legal guardian at all times.

Signature of Volunteer Candidate's
Legal Guardian (if under 18) _____ **Date** _____

Relationship to volunteer
