



Hanna Community Center

2000 Elmwood Ave.
Suite A.
Lafayette In. 47904
[Northend Community](http://www.hannacntr.org)

info@hannacntr.org
www.hannacntr.org
[@hannacommunitycenter](https://www.instagram.com/hannacommunitycenter)
765-742-0191

**HANNA COMMUNITY CENTER
VOLUNTEER APPLICATION FORM**

VOLUNTEER INFORMATION

Last Name

First Name

M.I.

M	F
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Gender

Birth Date

Age

Organization

Address

City, State

ZIP

Phone Number

Alternative Number

Email:

VOLUNTEER EXPERIENCE

Present Commitments

Occupational Commitments

Hours

to

Volunteer Commitments

Hours

to

Community Affiliations

PREVIOUS VOLUNTEERS EXPERIENCE

	Place	Nature of Service
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

SERVICE AREAS

<input type="checkbox"/> Receptionist	<input type="checkbox"/> Fundraisers
<input type="checkbox"/> Clerical/ Administrative	<input type="checkbox"/> Youth Programs
<input type="checkbox"/> Web Design/ Publications	<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Special Events
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Special Project

AVAILABILITY

	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										

Note: Saturday is reserved for special events and projects.

GENERAL INFORMATION

TRANSPORTATION

	YES	NO
Do you have your own car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have up to date car insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to transport others?	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

List three people who know you well and can attest to your character, skill, and dependability. Be sure to include your current or previous employer, if applicable.

	Name	Occupation	Phone Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONFIDENTIALITY

I understand that anything I hear or learn regarding individuals during my volunteer work with Hanna Community Center must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in a termination of my volunteering with Hanna Community Center

PRINT NAME

DATE

SIGNATURE

INITIALS

OFFICE USE ONLY		
STAFF NAME	<input type="text"/>	<input type="text"/>
APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> PENDING
TERMS:	<input type="text"/>	

DISCLOSURE

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE.

REHABILITATION OF OFFENDERS ACT 1974

The rehabilitation of offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as "Spent" after a period of years. Any role that brings you into one to one contact with people is therefore exempt from the provisions of sections 4(2) of the 1974 Act. Applicants are therefore not entitled to withhold information about convictions that for other purposes are considered as "Spent". If your role is likely to bring you one to one contact with a person or if your role changes in the future, you will be required to apply for a Disclosure Check. Any information given will be held in the strictest confidence and only used in consideration of your suitability for the volunteering role. Please sign or print your name below to confirm that you are prepared to apply for a check should one be necessary. Having a criminal record will not

Have you been convicted of any criminal offence?

YES

NO

If yes, please give details:

SIGNATURE

DATE

PRINT NAME