

Phone _____

continued-

Employer _____

Dates _____

Phone _____

Please List All Volunteer Work:

Organization: _____ **Dates:** _____

Organization: _____ **Dates:** _____

Other Volunteer or Professional Affiliations:

Getting to Know You

Please write a few sentences about why you want to volunteer with us. _____

Speak any other language? _____

continued-

Personal References

Please list three people (teachers, employers, club leaders, religious clergy, etc.) we can call to recommend you for the position--no family members, please.

1. Name _____ Phone _____

How does this person know you? _____

2. Name _____ Phone _____

How does this person know you? _____

3. Name _____ Phone _____

How does this person know you? _____

Certification

Have you ever been convicted of child abuse, violation of any law or ordinance regulating conduct toward minors, or any felony? YES NO

If yes, please explain: _____

The information I have provided on this application is thorough and correct to the best of my knowledge. Also, I give permission for Children Without A Voice USA to contact some or all of the above references.

Sign Name

Date

Children Without A Voice USA is an Equal Opportunity Employer. Applicants are considered without regard to race, color, religion, sex, national origin, age, veteran status, handicapped condition, or any other reason prohibited by the Fair Employment Law.

All information is held in confidence

Please email completed forms to: email@ChildrenWithoutAVoiceUSA.org

Fax: 312-214-1606

Mail: P.O. Box 4351 Alpharetta, GA. 30023