

## Volunteer Application

### A. APPLICANT INFORMATION

Interest Areas: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever volunteered for Foundations Preschool of Washtenaw County? Yes ☐ No ☐

Are you 18 years old or older? Yes ☐ No ☐ Do you have a valid Michigan Driver's License? Yes ☐ No ☐

Best Days and Times Available: \_\_\_\_\_

Would you like to volunteer on a regular basis? \_\_\_\_\_ One time?

No applicant will be denied \_\_\_\_\_ solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense or solely on the affirmative answer to any of the questions listed below.

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Are there any criminal charges pending against you? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

### B. EDUCATION

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Did you receive a Diploma or GED? \_\_\_\_\_

College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Did you graduate? If yes, with what degree? \_\_\_\_\_

Graduate School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Did you graduate? If yes, with what degree? \_\_\_\_\_

### C. LICENSE, CERTIFICATION, REGISTRATION, AND/OR ADDITIONAL TRAINING

Do you hold any professional licenses?

Special skills or training ?

DISABILITY ACCOMMODATION REQUEST: Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the agency in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the agency may preclude any claim that the employer failed to accommodate the disabled individual.

#### D. REFERENCES (AT LEAST ONE )

(1) Name & Address of Company \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

If still employed, may we contact your present employer to obtain a reference? Yes ☐ No ☐

Reason for leaving: \_\_\_\_\_

#### (2) Professional Reference:

Name and Company/Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship to this person: \_\_\_\_\_

#### (3) School Reference

Name of Reference and School: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship to this person: \_\_\_\_\_

#### E. RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

1. I hereby give you my permission to contact the above employers, employment references and educational institutions to verify the items I listed on this application. I hereby release Foundations Preschool and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers.
2. I further specifically waive written notice and agree to divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damage that may result from furnishing the information to you.

**I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that any false statements or omissions on this application or attachments shall be sufficient cause for dismissal.**

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

Date: \_\_\_\_\_

**Please email completed application to [development@foundations-preschool.org](mailto:development@foundations-preschool.org)**