

## United Helpers Volunteer Application

Please check one below:

Workfare     Office for the Aging     Summer Youth     Internship     Volunteer

Name of Department Head requesting volunteer: \_\_\_\_\_

I \_\_\_\_\_, would like to volunteer my services to perform  
(Volunteer's Full Name)  
work experience activities at the United Helpers \_\_\_\_\_.  
(Name of Facility)

I understand that if I am allowed to volunteer, I will not be considered an employee of the United Helpers Organization for any purposes and will not be entitled to any benefits or compensation from United Helpers.

As part of this application, I understand that I must provide the following information:

Full Name (including middle name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you at least 18 years of age?    ( ) Yes    ( ) No

\* If not, you must provide us with a copy of your "Working Papers".

Have you ever worked for United Helpers before?    ( ) Yes    ( ) No

Have you ever worked or attended school under another name?    ( ) Yes    ( ) No

If Yes, give name: \_\_\_\_\_

**Answering "Yes" to the questions below does not constitute an automatic bar for you to volunteer. Factors such as date of the offense, seriousness and nature of the offense, rehabilitation, and position applied for will be taken into account.**

Have you ever been convicted of a crime (misdemeanor or a felony) in any jurisdiction?    ( ) Yes    ( ) No

If Yes, please identify the crime for which you were convicted, the date of the conviction, and location of the court in which you were convicted. \_\_\_\_\_

Within the last three years, have you had any convictions, suspensions, or revocations related to any moving violations, DWI, DWAI, or any occurrence involving harm to any person or property while driving?

( ) Yes    ( ) No    If Yes, please list \_\_\_\_\_

Statement and Authority to Release Information: I give United Helpers the right to contact and obtain information to verify the accuracy of the information contained in this document. I understand that Investigative Background inquiries may be obtained. I understand that false or misleading information given in this application may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. I hereby release United Helpers and its representatives from liability for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I have read and understand the above statement.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date