



The Community Action Planning Council of Jefferson County, Inc. considers applicants for internships/volunteers without regard to sex, race, age, religion, national origin, veteran or marital status or any other legally protected status. We provide reasonable accommodation to individuals with disabilities when it would not be an undue hardship. If you need reasonable accommodation in the pre-placement process, please contact Human Resources.

APPLICANT INFORMATION

Name: _____

Home Phone: _____

Street: _____

Cell Phone: _____

City/State/ Zip Code: _____

Email: _____

Have you ever worked/volunteered or received services from CAPC? _____

Why are you interested in volunteering? Personal interest Educational Internship Community Service

Court Ordered Other _____

Highest Level of Education Some High School High School Grad/GED Some College College Graduate

Please list degrees/areas of study: _____

What is your most recent job? _____

Have you ever volunteered before? If so, for whom and what were your duties? _____

Please describe why you want to volunteer or intern at the Community Action Planning Council: _____

Where would you like to volunteer?:

- Food Service/Kitchen Summer Food Service Program Food Pantry Head Start Classroom
 Family Center Intake Worker Jefferson-Lewis Childcare Project Volunteer Income Tax Program

How long can you commit to volunteering:

- One Time Occasionally 3 – 6 Months 6 Months or More
 Other: _____

What days are you available?

- Mondays Tuesdays Wednesdays Thursdays Fridays

What times are you available:

- Mornings Afternoons Evenings

Do you prefer to work (check all that apply):

- No preference Directly w/people Behind the scenes Computers

Date you can begin service: _____

Hobbies / Interests: _____

Skills you would like to use while volunteering: _____

Do you have any special needs we should be aware of: _____

Criminal History. All volunteers are required to attest to a criminal record, if any. Conviction will not necessarily disqualify you from participating. Any false representation will result in immediate removal from their volunteer site.

Have you ever been convicted of a felony: Yes No

If yes, explain: _____

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application and discharge from the volunteer program.
2. I consent to having the Community Action Planning Council complete a criminal background check prior to volunteering.
3. I agree to TB and medical screening and a drug screening if applicable relevant to the position for which I am applying.

Signature of Applicant

Date

DRUG AND ALCOHOL TESTING CONSENT

The Community Action Planning Council recognizes the costs to society and individuals from drug and alcohol use. The agency maintains a firm commitment to strive to provide reliable service to its clients and a safe and healthy work environment for its interns / volunteers. While the vast majority of interns / volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

1. The agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on agency property, in the presence of Agency clients, while on duty, during rest periods and break periods, while operating an Agency vehicle or an attending Agency-sponsored event.
2. Interns / volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency's right to terminate an intern / volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
3. The Agency retains the right to require any intern / volunteer to report for drug and / or alcohol testing for reasonable suspicion following an accident in which there is injury to persons or damage to property.
4. Interns / volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.

I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the Community Action Planning Council's Drug and Alcohol Policy. I understand that any offer of placement within the Agency may be contingent upon the successful completion of drug testing before beginning assignment, and I consent to testing according to the Community Action Planning Council's policy.

Signature of Applicant

Date