



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.

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Signature of Applicant

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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.

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Signature of Applicant

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Date