

*(Please print clearly)*

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Dates of Current Address (From & To):				Social Security No.		
Volunteering for:						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to submit a background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Days you are available:			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours you are available:			

PLEASE USE THE SPACE BELOW TO SUMMERIZE INFORMATION DESCRIBING YOUR EXPERIENCE AND QUALIFICATIONS FOR THE VOLUNTEER POSITION FOR WHICH YOU ARE APPLYING. IF NECESSARY, PLEASE ATTACH ADDITIONAL INFORMATION.  
**ALL APPLICATIONS ARE CONFIDENTIAL.**


**REFERENCES**

*Please list three (3) professional and two (2) personal references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Super visor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Super visor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Super visor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EMERGENCY CONTACT INFORMATION:**

Full Name:	Relationship:
Phone:	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

I understand that if I am accepted as a volunteer that this position will be on a strictly volunteer basis and that it can be terminated at any time by myself or Alaska Mental Health Consumer Web.

Signature	Date
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