ROGUE RETREAT
Restoring Lives

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____
First M.I. Last Prefer to be called

Address: _____
Street Apt. Number

_____
City State Zip Code

(____)_____ (____)_____ (____)_____
Home Number Cell Number Fax Number

Date of Birth: _____/_____/_____ Social Sec. #:_____-_____-_____ Gender:_____

E-mail Address (please print clearly): _____

Do you have your own transportation? ☐ yes ☐ no
Do you have a valid driver's license? ☐ yes ☐ no #_____exp._____
You will need to provide proof of insurance for our liability insurance if you plan to transport clients.
Check area(s) of interest: ☐ Fundraising/Special Events ☐ Childcare ☐ Client Transportation
☐Training/Classes ☐ General Labor ☐ Clerical ☐ Thrift Shop
☐Other (describe):_____

What times are you available to volunteer? ☐weekdays ☐ evenings ☐ holidays ☐ weekends
Are you available during the summer? ☐Yes ☐No
Do you have any special needs we need to address to help you as a volunteer? (please be specific)_____

EDUCATION

Are you currently enrolled in school? ☐yes ☐no Highest level of education completed:_____
Type of Degree / Field of Study _____
Do you speak a language other than English? ☐ yes ☐ no If, so which one(s)? _____

Other talents or skills you may have:_____

VOLUNTEER EXPERIENCE/HISTORY

Do you have previous volunteer experience? ☐ yes ☐ no

1. Organization: _____
Supervisor: _____ Phone: _____
Responsibilities: _____

_____

Length of volunteering: _____ from _____ to _____

2. Organization: _____
Supervisor: _____ Phone: _____
Responsibilities: _____

_____

Length of volunteering: _____ from _____ to _____

REFERENCES

Please list two character references who have know you for at least a year in a professional or educational setting. Examples include an instructor, employer, co-worker, counselor, etc

Name: _____
Address : _____
City/State/Zip : _____
Phone: _____ Length of relationship : _____

Name: _____
Address : _____
City/State/Zip : _____
Phone: _____ Length of relationship : _____

I hereby authorize Rogue Retreat and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee or volunteer. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:
Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I_____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth and social security number to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment or volunteer opportunity. This authorization and consent shall be valid in original, fax, or copy form for one year from the signed date of this consent.

I understand that to be permitted to volunteer with Rogue Retreat staff or clients I mayl need to submit to a monitored urinalysis from the lab of Rogue Retreats choosing.

Signature_____ Date:_____

Please read carefully then initial by each of the following statements.

Sign your full name at the bottom as acknowledgement.

Initial here	If I am enrolled as a volunteer, or assigned for community service, internship or job training I understand that I am in no way promised a job in the future and are not to be paid by Rogue Retreat for my services.
Initial here	I will comply with all work-related requirements set forth by Rogue Retreat and show up for my scheduled shift.
Initial here	I understand that unless expressly informed otherwise, **if hired** I will be an "at will" employee and agree that the employment relationship can be terminated at any time, for any or no reason, with or without notice, by me or by Rogue Retreat.
Initial here	I understand that no manager or representative of Rogue Retreat, except the Executive Director or Administrative Director, has any authority to hire me or to enter into any employment contract and that all such employment paperwork must be in writing and signed by the Executive Director or Administrative Director and myself. I also understand that Rogue Retreat reserves the discretion to change, withdraw or interpret policies; including wages, hours, shifts or working conditions.
Initial here	I understand that Rogue Retreat is a drug free workplace and agree that, if requested, I must pass a drug screen and I understand that Rogue Retreat reserves the right to test employees and volunteers for drugs and/or alcohol at random or if reasonable suspicion of use exists.
Initial here	I authorize Rogue Retreat to run a criminal or other background check. I understand that a criminal record will not necessarily disqualify me from employment or volunteer service.
Initial here	I authorize Rogue Retreat to conduct a thorough investigation of all statements contained herein or information provided during the application process, including all references listed, my employment record, education, and all other matters relating to my suitability for employment. I authorize the references I have listed to give Rogue Retreat any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release from all liability or responsibility Rogue Retreat, its agents, and all persons, companies or corporations providing information to Rogue Retreat about me.
Initial here	I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of volunteer service, employment or discharge, if hired.
Initial here	I give my permission for my likeness or photo to be used in all media for the purpose of advertising, marketing or news of Rogue Retreat.

Applicant's Signature Date signed / /

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