



**NVEEE's VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
STREET APT./ SUITE CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CURRENT EMPLOYER (IF APPLICABLE)**

\_\_\_\_\_  
NAME OF COMPANY

\_\_\_\_\_  
STREET CITY ZIP

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

May we contact your employer listed above for a reference?  Yes  No

**EDUCATIONAL EXPERIENCE**

Are you currently a student?  Yes  No

\_\_\_\_\_  
HIGH SCHOOL/GED/PREPRATORY ATTENDED CITY/STATE GRADE COMPLETED

\_\_\_\_\_  
COLLEGE ATTENDED HIGHEST DEGREE YEARS ATTENDED

**OTHER COURSES TAKEN OR SPECIAL TRAINING:**

---

---

---

**OTHER INFORMATION**

What volunteer opportunity is of interest to you? Check all that apply.

- Office Assistant  Direct involvement with clients  Fundraising  Event Planning  Special Events  
 Street Team  Other: \_\_\_\_\_

We will make ever effort to place you in a volunteer opportunity that matches your interests. Volunteer assignments are made based on the needs of the program.

Please list previous volunteer experience:

---

---

---

Please list any special skills you are prepared to utilize or have utilized in previous volunteer work:

---

---

---

**AVAILABILITY**

Do you have your own transportation? Yes  No

Please check the days and times you can volunteer:

Mornings 9a.m - 12p.m:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Afternoons 2p.m - 4p.m:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Evenings 4p.m - 9p.m:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Flexible to volunteer anytime  interested in an on-call basis

How did you hear of NVEEEE? \_\_\_\_\_

Were you referred by a  Board Member  Committee  Staff  Other volunteers

**Why do you want to volunteer with NVEEEE?**

---

---

---

---

**REFERENCES**

Please list three (3) individuals you've known for at least one year, other than relatives.

1. \_\_\_\_\_  
NAME EMAIL ADDRESS

(\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE NUMBER OCCUPATION

2. \_\_\_\_\_  
NAME EMAIL ADDRESS

(\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE NUMBER OCCUPATION

3. \_\_\_\_\_  
NAME EMAIL ADDRESS

(\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE NUMBER OCCUPATION

**BACKGROUND INFORMATION**

Have you ever been convicted of, or pled guilty or no contest to a crime?  Yes  No

Are you on any FBI | America's Most Wanted | Sex-Offenders Lists?  Yes  No

If yes, please give details (date, place, offense(s) charged, disposition, etc.)

---

---

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program?  Yes  No

If yes, please give details (date, place, offense(s) charged, disposition, etc.)

---

---

**DRIVING RECORD**

Do you have a valid driver's license?  Yes  No

Has your license been revoked or suspended within the last three (3) years?  Yes  No

Have you been convicted of DUI?  Yes  No

**STATEMENT OF AGREEMENT**

I hereby authorize the National Voices for Equality, Education and Enlightenment, Inc. (herein referred to as NVEEE) to investigate all statements contained in this application and to interview the references listed in this application. I authorize the references listed to give NVEEE all facts, opinions and evaluations concerning my current employment and any other information they may have, personal or otherwise, and release all such parties, and NVEEE from any liability which may allegedly arise from furnishing information to NVEEE, including, but not limited to, any liability for defamation or invasion of privacy.

I hereby certify that all the facts and information listed on this volunteer application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application, or termination of any volunteer status. I also understand and agree that any such false, incomplete, or misleading information discovered on this application or provided in the utilization process, which is discovered at any time after I am utilized may result in having to leave NVEEE's volunteer programs.

If I am accepted into the volunteer program, I understand that such acceptance will be conditioned upon satisfactory results of a background investigation, if a background investigation is applicable.

**I certify that I have read, understand and agree with the above.**

---

**DATE** **SIGNATURE**

## VOLUNTARY SELF-IDENTIFICATION FORM

NVEEE has an affirmative action program to ensure equal employment, internship, and volunteer opportunity. We ask you to voluntarily help us measure the effectiveness of this program by answering the questions below.

The information we collect is used for statistical purposes only. This form is kept separate from the employment application, and is only accessible to staff members in the Human Resources Division and General Counsel's Office working with NVEEE's affirmative action plan.

Answers on this form do not bar you in any way from employment, internships or volunteer consideration.

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you find out about the position for which you are applying?

Advertisement \_\_\_\_\_ Where? \_\_\_\_\_

Town Hall Meeting \_\_\_\_\_ Which One? \_\_\_\_\_

School: \_\_\_\_\_ Which One? \_\_\_\_\_

NVEEE Employee: \_\_\_\_\_ Who? \_\_\_\_\_

NVEEE Web Site: \_\_\_\_\_ Walk-In: \_\_\_\_\_ Other: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

**Check any of the following that applies to you:**

Active in Armed Forces \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped \_\_\_\_\_