

Able SC Volunteer Application

Contact Information

Name:			
Street address:			
City:	State:	zip:	
Phone:			
Email address:			

Area of Volunteer Interest

<input type="checkbox"/> Peer Support	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Events/Fundraising
<input type="checkbox"/> Assistive Tech	<input type="checkbox"/> Administration	<input type="checkbox"/> Community outreach
Other:		

Skills and Expertise

<input type="checkbox"/> Filing	<input type="checkbox"/> Mailings	<input type="checkbox"/> Database entry
<input type="checkbox"/> Writing	<input type="checkbox"/> Teaching	<input type="checkbox"/> Research
<input type="checkbox"/> Public speaking	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Phone calls
Other:		

Referral

Referred By:

Availability

MONDAY am / pm	TUESDAY am / pm	WEDNESDAY am / pm	THURSDAY am / pm	FRIDAY am / pm	SAT/SUN am /pm
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Volunteer Safety

Have you ever been convicted of any crime, including crimes related to violence, abuse, driving, or petty larceny? Yes _____ No _____.

If so, please explain:

Agreement and Signature

I understand it is Able South Carolina's policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Able South Carolina grants reasonable accommodations.

I agree this form is true and complete to the best of my knowledge. I understand that Able South Carolina may refuse my volunteer offer or later dismiss me for making a false statement or willful omission on this form.

I authorize the release of personal information including my date of birth ___ / ___ / _____ and criminal history for the purposes of background investigation for volunteering at Able South Carolina.

Signature: _____ Date: _____

Please email this completed form to: bwesteren@able-sc.org

Thank you for your interest in volunteering with Able South Carolina

Authorization for Background Check

I, _____, hereby authorize Able South Carolina to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Able South Carolina may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

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Have you ever been arrested and charged with any criminal offense? Yes No

Have you ever been convicted in any court of law of any criminal charge, felony or misdemeanor? Yes No

If yes, explain. Include date, jurisdiction and disposition. (You may continue on a separate page).

SSN: _____

Date of Birth: _____

I have provided a copy of my ID Card/Driver's License to Able SC: Yes No

By signing below, I agree that the above statements are true and factual to my knowledge and that I agree to let Able South Carolina investigate my background and qualifications as related to the position for which I am applying.

Signature

Date