



Application for Volunteer Opportunities

PERSONAL INFORMATION			
Date:			
Last Name:	First Name:	Middle Name:	Social Security #
Street Address:	City:	Zip Code:	
Other names previously used, i.e. maiden name:	Email Address:		
When Can You Begin?	Phone:		
	Work:	Home:	
Emergency Contact:			
Name:	Address:	Phone:	Relation:

Please list any volunteer work or other experiences that you feel may be relevant to working with The Horizons School.

Discuss your personal strengths and challenges as they relate to working with young adults with disabilities.

The Horizons School Non Discriminatory Policy

The Horizons School is an Equal Opportunity School. We are committed to an active nondiscrimination program. The Horizons School does not discriminate against prospective or current students or employees on the basis of sex, race, color, religion, national origin or disabilities pursuant to the requirements of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other applicable statutes. Inquiries and charges of violation of this policy should be directed to the director of The Horizons School, Inc. Alternatively, violations of this policy may be reported to the Chairman of the Board of Directors of The Horizons School, Inc.

Please give two references whom we may contact:

Name: _____

Address: _____

Phone: _____

Relationship to Applicant:

Name: _____

Address: _____

Phone: _____

Relationship to Applicant:

Certification by Applicant

I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and complete. I understand that incomplete applications will not be considered and that false information is grounds for disqualification from the application process, or even immediate dismissal if the falsehood is discovered after initiation of volunteer activity.

Signature

Date

Permission to Conduct Background Check

I, _____, authorize The Horizons School to complete a criminal background check. I further hereby authorize verification of all statements herein and release The Horizons School and all others from liability in connection with same.

Signature

Date

CRIMINAL HISTORY DISCLOSURE

If you have ever been convicted of any crimes (felony or misdemeanor including DUI) other than routine traffic citations, please list each offense, the date of conviction, and the city, county and state where convicted.

If this does not apply to you please put "N/A" (Not Applicable) in the first block and sign below.

Type of Offense	Date of Conviction	City/County/ State of Conviction

MOVING TRAFFIC VIOLATION

Please list all moving traffic citations received within three years from the date of this application. If this does not apply to you please put "N/A" (Not Applicable) in the first block and sign below.

Type of Offense	Date of Conviction	City/County/ State of Conviction