



Adults and Children with Learning and Developmental Disabilities, Inc.

Application for Volunteer and/or Intern

AS AN EQUAL OPPORTUNITY EMPLOYER, WE ACTIVELY SUPPORT ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT

CONTACT INFORMATION

Last Name	First Name	Middle Name	Date of Application:

Current Street Address	Apt. No.	City	County	State	Zip Code

	Telephone Number(s)- Please include area code		
	Cell	Home	E-mail/Other

Are you a Student? Yes No

If so, is volunteer or internship work required for school? Yes No If yes, how many hours are required? _____

How did you hear about our organization?

Internet Advertisement State Employment Service Employee Referral School Social Media Other
 Site Name: Publication: Employee Name: Platform: (please specify)

Have you ever been employed by ACLD? Yes No

If yes, when and in what capacity?

EMPLOYMENT INFORMATION

Account for all employment including volunteer and internship work beginning with your most recent employment, internship or volunteer work.

Organization Name & Address	Employment Dates	Positions Held & Description of Duties	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)		
Street Address	End Date (MM/YY)		
City & State Zip Code			
Telephone Number			
Name & Title of Immediate Supervisor	Reason for Leaving		

May we contact your present employer at this time? Yes No If no, please explain why:

Organization Name & Address	Employment Dates	Positions Held & Description of Duties <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)	
Street Address	End Date (MM/YY)	
City & State Zip Code		
Telephone Number		
Name & Title of Immediate Supervisor		Reason for Leaving
May we contact your prior employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why:		

Organization Name & Address	Employment Dates	Positions Held & Description of Duties <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)	
Street Address	End Date (MM/YY)	
City & State Zip Code		
Telephone Number		
Name & Title of Immediate Supervisor		Reason for Leaving
May we contact your prior employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why:		

Organization Name & Address	Employment Dates	Positions Held & Description of Duties <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)	
Street Address	End Date (MM/YY)	
City & State Zip Code		
Telephone Number		
Name & Title of Immediate Supervisor		Reason for Leaving
May we contact your prior employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why:		

Days of the week and times you are available to volunteer or intern (please list the specific dates and times)

<input type="checkbox"/> Days: _____	Times: _____
<input type="checkbox"/> Evenings: _____	Times: _____
<input type="checkbox"/> Weekends: _____	Times: _____

EDUCATIONAL HISTORY

	Name of School	Location	Degree Completed	Course of Study
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER				

REFERENCES

Please provide at least one professional reference and two personal references

Name	Relationship	Phone Number	Address (complete postal address required)	Years Known

Please list any professional training, certifications, special skills, licenses, publications or other related items (and explain)

Community Affiliations (clubs, services organizations, etc.)

Can you speak a language other than English? Yes No

If yes, what language and how would you rate your proficiency:

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor/felony? Yes No

If yes, please explain:

Are there any pending criminal charges against you? Yes No

If yes, please explain:

AREAS OF INTEREST *-Please check all that apply.*

Art

Music

Crafts

Reading

Gardening

Sports

Health Services

Technology/Media

NOTIFICATION AND
AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING BELOW:

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS ACONTAINED IN THIS APPLICATION FOR PLACEMENT APPROVAL. I UNDERSTAND THAT ANY CRIMINAL CHARGES PENDING AGAINST ME IS AN IMMEDIATE DISQUALIFICATION FOR PLACEMENT. I UNDERSTAND THAT I WILL BE SUBJECTED TO A CRIMINAL BACKGROUND CHECK. I UNDERSTAND IF I MISREPRESENT MY CRIMINAL HISTORY, I WILL BE IMMEDIATELY DISQUALIFIED FOR PLACEMENT. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF VOLUNTEER OR INTERNSHIP OPPORTUNITIES, OR DISMISSAL FROM VOLUNTEER WORK OR INTERNSHIP REGARDLLESS OF WHEN OR HOW DISCOVERED. I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION IS NOT A GUARANTEE OF A PLACEMENT. I UNDERSTAND THAT SERVICES DELIVERED ARE NOT MONETARILY COMPENSATED.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

Signature of Volunteer/Intern

Print Name

Date