

C.E.R.T.S.

Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Interests

Tell us in which areas you are interested in volunteering

Administration Duties

Special Events

Activities with Participants

Artistry

Maintenance Projects

Special Crafts

Board Member

Time Commitment

How much time could you commit?

Hours

Days

1-2 Hours

3-4 Hours

1-2 Days per week

3-5 Days per week

2-3 Hours

2-3 Days per week

Background Check Information

Do we have permission to conduct a criminal background check? Yes No
Have you ever been convicted of a crime involving offenses against children? Yes No
Have you ever been convicted of a crime involving firearm? Yes No
Have you ever been convicted of a crime involving physical harm to another person? Yes No

***Background checks and screening are required for spending time with a vulnerable population such as ours. We may require the following : Adult & Child Abuse Registry and Criminal Background checks, 10 panel Drug Screen and TB Test.**

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that can be utilized at C.E.R.T.S.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Electronic Signature Agreement. By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application. I ACCEPT

Name (printed)	
Signature	
Parent/Guardian signature if under 18	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or other protected class(es).

Thank you for completing this application form and for your interest in volunteering with us.

**COMPLETE FORM AND FAX TO (302) 731-0201, OR EMAIL TO TCIPOLLA@CERTSINC.ORG,
OR MAIL TO: C.E.R.T.S. 52 READS WAY, NEW CASTLE, DE 19720**