



# READ ASSOCIATION VOLUNTEER APPLICATION

Date Rec.	_____
Date Int.	_____
Orientation	_____
Vol. #	_____
Center	_____

Please print clearly

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

May we call you at work?  yes  no Best time to call \_\_\_\_\_

E-Mail \_\_\_\_\_

## EMPLOYMENT STATUS

Employed  Retired  Student  Looking for Work

Current or Last Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

## EDUCATION

School  
Are you a current Student?  Yes  No Name \_\_\_\_\_

Grade Level or Degree \_\_\_\_\_ Completed College \_\_\_\_\_

## VOLUNTEER STATUS

Reasons for wanting to volunteer with the READ Association:

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**Volunteer Experience:**

Organization Name	City/State	Dates	Describe Duties
1.			
2.			
3.			

**SKILLS, HOBBIES OR SPECIAL INTERESTS**

Please list any special interests, talents, or hobbies you have: (i.e. Clerical, computer, public speaking, reading, writing, working with children etc.)

\_\_\_\_\_  
\_\_\_\_\_

**PREFERRED SERVICE AND TIME AVAILABLE**

What time commitment are you prepared to make?  9 Months  Longer

Which day(s) & time(s) do you prefer to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Do you have a preferred Center Location?  Yes  No If so, where? \_\_\_\_\_

Are you willing to be placed at a Center where most needed?  Yes  No

Are you interested and available to volunteer for special one-day projects or READ events?

Yes  No

Please list any health-related conditions which may prevent you from performing any volunteer work responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide us with the names and phone numbers of two references:

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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Have you ever been convicted of a crime, including a misdemeanor?  Yes  No If yes, state where and nature of offense: \_\_\_\_\_

I hereby authorize the READ Association of Saginaw County to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. I understand that it is the READ Association’s responsibility to review criminal history information and READ will use this information solely for the purposes of determining eligibility to volunteer with minors. The following information is required to obtain accurate information and will be held confidential.

**Please print clearly**

**Name** \_\_\_\_\_  
Last First Middle

**Maiden Name** \_\_\_\_\_ **Alias Names** \_\_\_\_\_

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** \_\_\_\_Female \_\_\_\_Male  
Month Day Year

**Michigan Drivers License #** \_\_\_\_\_

**Race** \_\_\_\_\_ (Optional, used to determine diversity of volunteers)

**SIGNATURE**

I certify that the responses on this application are true to the best of my knowledge. I agree that this information may be verified and my references be contacted by the READ Association.

Misrepresentation of facts constitutes cause for separation from volunteer placement.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Mail to:*  
**READ Association of Saginaw County**  
**100 S. Jefferson, Suite 203**  
**Saginaw, Michigan 48607**

*or email to: office@readsaginaw.org*

*office phone: 989-755-8402*

*fax: 989-755-8404*