

Hanna Community Center Application for Volunteers

Please return to:

Hanna Community Center

1201 N. 18th St.

Lafayette, IN 47904

Telephone: 765-742-0191

Fax: 765-742-0271

Email: info@hannacntr.org

Website: www.hannacntr.org

Mission Statement:

Our Mission is to advance the wellbeing and quality of life of the Hanna Community by providing quality programs, services, and community interactions for the neighbourhood and the youthful and elderly citizens we serve. In pursuing our Mission, we seek to celebrate the diverse cultures of Greater Lafayette while preserving Lafayette's African American culture, heritage, and history.

Please complete ALL parts of this form.

Volunteer Information					
Last Name		First Name		M.I.	Gender
					M F
Birth Date	Age	Organization			
Address		City, ST		ZIP	Apt. #
Phone Number	Alternative Number		Email address		
Best time to contact:					
Morning: _____ to _____		Afternoon: _____ to _____	Evening: _____ to _____		
Emergency Contact Name		Emergency Contact Number		Relationship	
Volunteer Experience					
Present Commitments					
<input type="checkbox"/> Occupational Commitments: _____ Hours: _____ to _____					
<input type="checkbox"/> Volunteer Commitments: _____ Hours: _____ to _____					
<input type="checkbox"/> Community Affiliations: _____					
Previous Volunteer Experience					
Place		Nature of Service			
1. _____		_____			
2. _____		_____			
3. _____		_____			
4. _____		_____			
Service Areas					
<input type="checkbox"/> Receptionist <input type="checkbox"/> Clerical/Administrative <input type="checkbox"/> Web Design/Publications <input type="checkbox"/> Maintenance <input type="checkbox"/> Cleaning		<input type="checkbox"/> Fundraisers <input type="checkbox"/> Youth Programs <input type="checkbox"/> Senior Programs <input type="checkbox"/> Special Events <input type="checkbox"/> Special Project			

Availability											
	8:00A	9:00A	10:00A	11:00A	12:00P	1:00P	2:00P	3:00P	4:00P	5:00P	6:00P
MON											
TUE											
WED											
THU											
FRI											
SAT											

Note: Saturday is reserved for special events and projects.

General Information

Transportation

	Yes	No
Do you have your own car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have up to date car insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to transport others?	<input type="checkbox"/>	<input type="checkbox"/>

References

List three people who know you well and can attest to your character, skill, and dependability. Be sure to include your current or previous employer, if applicable.

Name	Occupation	Phone Number
1. _____		
2. _____		
3. _____		

Confidentiality

I understand that anything I hear or learn regarding individuals during my volunteer work with Hanna Community Center must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in a termination of my volunteering with Hanna Community Center.

Signature	Date

OFFICE USE ONLY

Staff Name	Title
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Terms:	

Disclosure

Please complete this form and return it to the office.

Rehabilitation of Offenders' Act 1974

The Rehabilitation of Offenders' Act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as 'spent' after a period of years.

Any role that brings you into one-to-one contact with people is therefore exempt from the provisions of Section 4(2) of the 1974 Act. Applicants are therefore not entitled to withhold information about convictions that for other purposes are considered as 'spent'. If your role is likely to bring you in one-to-one contact with a person or if your role changes in the future, you will be required to apply for a Disclosure check. Any information given will be held in the strictest confidence and only used in consideration of your suitability for the volunteering role.

Please sign or print your name below to confirm that you are prepared to apply for a check should one be necessary. Having a criminal record will not automatically debar you from your role.

Have you been convicted of any criminal offence?

Yes/No

If yes, please give details:

Signature	Date
Print Name	