## **Volunteer Application**

This form may be completed "online". The use the print button to print to your local printer. Remember after printing to fill out the bottom of the last page.



155 Raymond Road Princeton, NJ 08540

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Date:	Phone: 732-329-1181 Fax: 732-329-1171 www.TRCTherapy.co
Name:	<b></b>
Address:	
State/Province:	
Zip/Postal Code:	
SS Number:	
Home Phone:	
Cell Phone:	
	urs Available to Volunteer
Did any employer, school or reference know you by another name?  Yes No	
If Yes, indicate other name:	
Wed	
Positions Volunteering for:	irs
———— Fri	
Sat When available to begin volunteering?	
Sun	1

### Education

Education				
Type of School	Name of School and Complet	e Mailing Address	No. Years Completed	Major or Degree
High School				
College Bus. or Trade School				
Professional School				
Other				
Have you ever been	convicted of a crime:  yes	Ono		
If yes, please explain	1			
Do you have a drive	rs license? yes no			
State of issue:				
Have you had any ac	cidents in the past 3 years?	○ yes ○ no	How many?	
Do you had any mov	ring violations in the past 3 years?	yes	How many?	
			Con	tinue on the nevt nage

# **Previous Employment (list up to 3)** 1. Name of Employer: Name of last supervisor: Dates of employment: From: To: **Complete Address:** Phone #: Last job title: Reason for Leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your er	nployer:	) yes	no					
2.								
Name of Employer:								
Name of last supervisor	··							
Dates of employment:								
From:		To:						
Complete Address								
Complete Address:								
Phone #:								
Last job title:								
Reason for Leaving (be	specific):							
List the jobs you held, company:	luties perfo	ormed, skil	lls used or le	earned, advar	ncements, or	promotions	while you wo	orked at this
May we contact your er	nployer:	yes	○ no					
							Continue	on the next page
								. 3

3.		
Name of Employer:		
Name of last supervisor:		
Dates of employment: From:	To:	
Complete Address:		
Phone #:		
Last job title:		
Reason for Leaving (be spe	cific):	
List the jobs you held, duticompany:	es performed, skills used or learned, advanc	cements, or promotions while you worked at this
May we contact your emplo	oyer:  yes  no	
Skills:		
Typing:		
Computer: OPC	Nac OBoth	
Applications (list all that ap	oply):	
Other Skills:		
Please list 2 refe	ences other than relatives	and previous employers
Name		
Position		
Company		
Telephone		
Use this space to add any a are applying:	dditional information necessary to describe	e your full qualifications for the position which you

### **AGREEMENT**

#### PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this volunteer application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the volunteer application process may disqualify me from further consideration for volunteering and, if volunteering, will subject me to discontinuing volunteering. I further certify that I am a true and bona fide volunteering applicant, honestly interested in volunteering in the position(s) for which I have applied, and am seeking to volunteer with this company solely to provide me with the benefits of volunteering and for no other purpose. I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its volunteers. At this Company, my volunteering is at will. This means I am free to terminate my volunteering at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make and exception to this, including the at-will status of my volunteering, and it must be in writing and duly executed by the Owner/President of this Company.

All volunteering applications will be kept on file for sixty days. Applicants who desire consideration for volunteering after sixty days should complete and submit a new application.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment or volunteering and pertinent information they may gave, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment and volunteering, whether of record or not. I further agree and understand that if I volunteer, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my volunteering.

NO DRUG USE POLICY: This company does not allow volunteers who use illegal drugs. I hereby certify that

l (check one) do or do not use illegal drugs.		
Signature	Date	
Print Name		
If Minor, Parent or Legal Guardian Signature		
Print Parent or Legal Guardian Name		