

The Center: A Drop-In Community Learning and Resource Center, Inc. The Drop-In Learning Center

P.O. Box 848, New London, CT 06320
St. James Church, 76 Federal Street, New London, CT 06320
Ph. (860) 442.4466 | Fax (860) 447.9327

Personal Information: [OBJ] (please fill in your information)	
Date:	
Full name	
Home address (full)	
Mailing address	
Home phone	
Mobile or cellular phone	
E-mail address	
Birthday (MM/DD/YYYY)	

Are you currently attending school? Yes or No

Education Information: (please fill in your information if apply) [OBJ]	
Name of school	
Contact name	
School phone	

Emergency Contact: [OBJ] (please fill in your information)	
Full Name	
Address	
Phone	
Relationship to you	

Transportation: [OBJ] (please fill in your information)	
Do you have a valid driver's license?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
State:	
License #	
Do you have access to reliable transportation?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
How did you hear about our volunteer program?	

Volunteer Qualifications: (please fill in your information)			
Please select three (3) areas that you are most qualified to work in:			
Food Services	<input type="checkbox"/> Food Preparation		
General maintenance	<input type="checkbox"/> Renovation		
	<input type="checkbox"/> Event Decorating and Set-Up		
Program Support	<input type="checkbox"/> Arts & Crafts		
	<input type="checkbox"/> Babysitting for parent meetings		
	<input type="checkbox"/> Reading to children		
	<input type="checkbox"/> Computer literacy workshops		
	<input type="checkbox"/> Tutoring		
Office Support	<input type="checkbox"/> Clerical duties		
	<input type="checkbox"/> Data entry		
	<input type="checkbox"/> Front desk / phone		
	<input type="checkbox"/> Word processing		
Publications & Public Relations	<input type="checkbox"/> Brochures and Flyers		
	<input type="checkbox"/> Bulk mail preparations		
	<input type="checkbox"/> Fundraising		
	<input type="checkbox"/> Word processing		
	<input type="checkbox"/> Writing and editing		
Briefly describe your qualifications in each of the areas you selected on the above selections			
1.			
2.			
Volunteer Experience: (please fill in your information)			
Have you worked as a volunteer before?		Yes <input type="checkbox"/> or No <input type="checkbox"/>	
If yes, please list below:			
Name of Agency	Type of volunteer activity	Supervisor's Name	Supervisor's Phone

Are you currently employed? Yes or No Part-time Full Time

Work Information: [OBJ] (please fill in your information)

Employer	Job Title	Dates (From - to)

May we enquire of your past or present employers? Yes or No

References: [OBJ] (please fill in your information)

Name	Address	Phone#

Availability: [OBJ] (please list the days and times you are available to volunteer)

Monday	Tuesday	Wednesday	Thursday	Friday

Signature of Applicant: [OBJ]

Date:

For Office Use Only: [OBJ]

Interviewed by:		Dates:	
Status of Application:	Pending £	Accepted £	Denied £
Confidentiality Statement on file?			
Notes:			

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Confidentiality / Conflict of Interest Statement:

I hereby acknowledge, by my signature below, that I understand that the Drop-In Learning Center's client lists and information, to which I have access, during my volunteering with the Center, are to be kept confidential, and this confidentiality is a term and condition of my volunteering. This information and all other confidential information shall not be disclosed to anyone under any circumstance, except to the extent necessary to fill my volunteering obligations. I must first obtain the necessary to fill my volunteering obligations. I must first obtain the approval of the Executive Director before any disclosure is made.

I hereby agree to avoid any activity that results in a real or apparent conflict of interest. I will not use confidential information regarding any apparent conflict of interest. I will not use confidential information for personal use again under any circumstances whatsoever.

I understand and agree that any violation of this agreement is grounds for dismissal from volunteering duties.

Signature of Volunteer

Date

Signature of Office Manager

Date