



## Volunteer Application

Date: \_\_\_\_\_

### Please print clearly

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

Name: \_\_\_\_\_ Home number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**Present Address:** \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street, City, State, Zip Code Years/Months

### **Last 2 Previous Addresses:**

Previous Address: \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street, City, State, Zip Code Years/Months

Previous Address: \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street, City, State, Zip Code Years/Months

Date you can start volunteering: \_\_\_\_\_

Have you ever worked with children? Yes  No  If so, in what capacity? \_\_\_\_\_

Have you previously applied to volunteer at this school? Yes  No

Have you ever plead guilty or no contest, or been convicted of any criminal offense? Yes  No

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes  No

List all special skills that you feel will be helpful when volunteering at our school: \_\_\_\_\_

Honors Received: \_\_\_\_\_

### **Highest Level of Education**

- High School                       College Graduate  
 Some College                       Technical/Vocational School

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**Work/Volunteer Experience:** Please list the names of your present or previous employers/volunteer organizations.

(If you have a resume, you may attach and skip this section).

Employer/Volunteer Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone number: \_\_\_\_\_ Dates of Employment: To/From \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Contact # \_\_\_\_\_

May we contact? Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer/Volunteer Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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Have you ever been terminated or asked to resign from any job or volunteer opportunity? Yes  No

If yes, explain why?

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

**PBSA Use Only**

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**Staff Notes**

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



## Volunteer Reference Form

**TO BE COMPLETED BY VOLUNTEER APPLICANT:**

**Note to the Volunteer Applicant:** We request that a former employer, family friend, or volunteer supervisor, familiar with your character and values, complete this form OR have them send a personal letter.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE RESPONDENT:**

Note to the respondent: The individual whose name appears above has applied for volunteer status with Palm Beach School for Autism. Your appraisal of this applicant will assist us in completing our volunteer approval process. Please respond concisely to the following questions. Your honest evaluation is appreciated.

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant (check one of the following)?

- Very well through personal contact.
- Fairly well through office/classroom/work.
- General acquaintance, do not know personally.

What are the applicant's talents and strengths and how has he/she applied these talents to employment, the community, and/or school activities?

\_\_\_\_\_

\_\_\_\_\_

Personal Characteristics: Please check the appropriate boxes that apply to this applicant.

|                    | Excellent | Good | Average | Poor |
|--------------------|-----------|------|---------|------|
| Motivation         |           |      |         |      |
| Leadership         |           |      |         |      |
| Concern for others |           |      |         |      |
| Integrity          |           |      |         |      |

Are there any factors, either positive or negative, that may affect his/her volunteer status with Palm Beach School for Autism? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Respondent Address: \_\_\_\_\_

Respondent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ❖ If you wish for this reference to be kept confidential, the applicant will not have access to it , you may email, mail, or fax it to:

Carli Caraballo Coordinator of Volunteer Services

Email: [CarliC@pbsfa.org](mailto:CarliC@pbsfa.org)

Fax: (561)533-9918

Mail: Palm Beach School for Autism  
8480 Lantana Road  
Lake Worth, Fl 33467



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\_\_\_\_\_

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