

# TH APPLICATION FOR VOLUNTEER POSITION

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

## GENERAL INFORMATION

<b>Name (Last)</b>	<b>(First)</b>	<b>(Middle Initial)</b>	<b>Home Telephone</b>	
<b>Address (Mailing Address)</b>	<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Other Telephone</b>
<b>E-Mail Address</b>		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

<b>Type Of Volunteer Position Desired</b>	<b>Number of Hours per week that you are Willing to Volunteer:</b>
Are you able to perform the essential functions of the volunteer position you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>How Long do You Plan on Volunteering with TH?</b>	<b>Date Available</b>

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

<b>Occupational License, Certificate or Registration</b>	<b>Number</b>	<b>Where Issued</b>	<b>Expiration Date</b>
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**Languages Read, Written or Spoken Fluently Other Than English**

## VETERAN INFORMATION (MOST RECENT)

<b>Branch of Service</b>	<b>Date of Entry</b>	<b>Date of Discharge</b>
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## SPECIAL SKILLS (LIST ALL PERTINENT SKILLS AND EQUIPMENT THAT YOU CAN OPERATE)

**(Maximum 1000 characters)**

**WORK EXPERIENCE (MOST RECENT FIRST) (INCLUDE VOLUNTARY POSITIONS AND MILITARY EXPERIENCE)**

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if approved, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Comments: