

The first name in second chances.SM



To Be Filled in by Program
Program Reporting To: _____
Circuit (if applicable): _____
Contact Person at Program: _____

VOLUNTEER APPLICATION

Eckerd Youth Alternatives, Inc. ("Eckerd Kids") considers all applicants for volunteering without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap or disability, or status as a Vietnam-era or special-disabled veteran in accordance with federal law.

Contact Information

First Name	_____	Middle Initial	_____
Last Name	_____	Suffix	_____
Address Line 1	_____	E-mail	_____
Address Line 2	_____	City	_____
Country	_____	State/Province	_____
Zip/Postal Code	_____	Primary Phone	_____
		Secondary Phone	_____

Emergency Contact

First Name	_____	Last Name	_____
Home Phone	_____	Mobile Phone	_____
Address	_____	City	_____
State	_____	Zip	_____

General Information

Are you 18 years of age or older? Yes No

Have you ever been employed by Eckerd Kids? Yes No

If yes, location? _____ From Date _____ To Date _____

Do you have relatives employed by Eckerd Kids? Yes No

If yes, please give their name(s). _____

Are you currently an Eckerd Kids Foster Family accepting children served within the Eckerd Kids Child Welfare System? Yes No

Work Experience

Most Recent/Current Employer

Employer	_____	Type of Business	_____
Phone	_____	Address	_____
Country	_____	State	_____
City	_____	Zip Code	_____
Employed From	_____	Employed To	_____
Position/Title	_____	Description of Duties	_____

Are you presently employed by this company? Yes No

Eckerd Kids is an equal opportunity employer and a drug-free workplace.

Previous Employer

Employer _____	Type of Business _____
Phone _____	Address _____
Country _____	State _____
City _____	Zip Code _____
Employed From _____	Employed To _____
Position/Title _____	Description of Duties _____

Education Eckerd Kids will require transcripts for some volunteer positions

High School

Name of School _____ Country _____
 State/Province _____ City _____
 Did you graduate? Yes No If GED, please provide district or agency. _____

Colleges/Universities/Technical Schools

School Type _____	Name of School _____
Country _____	State/Province _____
City _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education Completed _____	Date Degree was Received _____
Major _____	Second Major/Minor _____
Date Attended From _____	Date Attended To _____

Licensure/Certifications

Do you have any License/Certification (including CPR/First Aid) that will be helpful to Eckerd Kids? Yes No
 If yes, please provide a copy of the License(s)/Certification(s).

REFERENCES

Please list a minimum of three (3) individuals who are qualified to give an opinion of your character and professional work ability. Please exclude members of your family and supervisors already listed in Work Experience section. Include phone numbers where references can be contacted during the business hours.

Reference

Name _____	Relationship _____
Employer _____	Daytime Phone _____
Number of years known _____	Country _____
State _____	City _____
Zip Code _____	E-mail Address _____

Reference

Name _____	Relationship _____
Employer _____	Daytime Phone _____
Number of years known _____	Country _____
State _____	City _____
Zip Code _____	E-mail Address _____

Reference

Name _____	Relationship _____
Employer _____	Daytime Phone _____
Number of years known _____	Country _____
State _____	City _____
Zip Code _____	E-mail Address _____

Required Identification Information

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

SSN _____ **Date of Birth** _____

Do you have a valid Driver's License? Yes No **If Yes, Number** _____

I hereby release Eckerd Kids and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Other Names Known By (Optional Section - Complete required fields if used)

If yes, please provide the Full Previous Name

Certification and Release Statement

I certify that I have read and understand the applicant instruction on page one of this application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application to volunteer.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information.

I also understand that the use of illegal drugs is prohibited during my time with Eckerd Kids. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during volunteering with Eckerd Kids.

I affirm that I have not had any criminal convictions that would adversely affect my capacity and ability to provide care, safety and security for children; I have not abused or neglected a child or been a respondent in a juvenile court proceeding that resulted in the removal of a child or had child protective services involvement that resulted in the removal of a child; I have not abused, neglected or exploited a disabled adult; and I have not been a domestic violence perpetrator.

Release Authorization

- In connection with my application for volunteering, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during volunteering with Eckerd Kids.
- Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if volunteering with Eckerd Kids is denied because of information obtained by my Eckerd Kids from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by or its agent, to furnish the information described in Section 1.
- I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Eckerd Kids. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

Signature Section

Your signature indicates that you accept the conditions for volunteering with Eckerd Kids and all the terms and conditions above.

Signature _____

Print Name _____ **Today's Date** _____