



. . . connecting people to opportunities for lifelong learning, intergenerational relationships and successful aging.

### Volunteer / Unpaid Staff Application

12200 Fairhill Road Cleveland, Ohio 44120	(216) 421-1350 (216) 421-8874 Fax
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Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

#### Type of Position Desired

**Check all areas that interest you:**

Maintenance / Housekeeping       Administration / Customer Service       Instructing / Coaching

Personal Assistance / Companionship       Special Events / Outreach

Professional Service Advice (i.e. legal, accounting, social work, real estate, information technology)

Other (use the space provided below to elaborate)

Date available to start: \_\_\_\_\_ Referred by: \_\_\_\_\_

Please describe the kind of work you are interested in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

Please indicate the hours and days you are interested in volunteering: \_\_\_\_\_

\_\_\_\_\_

Have you applied for a position (paid or unpaid) with us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have access to adequate transportation to travel to and from Fairhill Partners? \_\_\_\_\_

If no, please explain plans for transportation. \_\_\_\_\_

Have you been convicted of a felony in the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

**Employment and Volunteer History**

<b>Date month/year</b>	<b>Name, address, telephone number of employer or volunteer coordinator</b>	<b>Position and/or duties</b>	<b>Reason for leaving</b>
From			
To			
From			
To			
From			
To			
From			
To			

May we contact your present employer or volunteer coordinator? Yes\_\_\_\_\_ No\_\_\_\_\_

**Education**

	<b>City</b>	<b>Year Graduated</b>	<b>Program</b>
High School			
College			
Other			

**References**

List the names and phone numbers of three (3) persons not related to you, whom you have known for at least one year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In the case of an emergency notify:

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Name	Address	Phone number
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I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my affiliation with Fairhill Partners is for no definite period of time and may be terminated at any time without prior notice. I understand that all new volunteers at Fairhill Partners are subject to a criminal background check investigation.

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Signature	Date
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