



BOBBY BENSON CENTER VOLUNTEER/INTERN APPLICATION

CONTACT INFORMATION

NAME (Last, First, Middle)

Street Address: **City** **State** **Zip**

Home Phone: **Work Phone:** **Cell Phone:**

Email Address:

Emergency Contact: **Phone:**

Are you a US Citizen? YES NO

Are you 18 years of age or older? YES NO If no, how old? Date of Birth?

AVAILABILITY

DURING WHICH HOURS ARE YOU AVAILABLE TO VOLUNTEER? (Check all that apply)

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekend Mornings
- Weekend Afternoons
- Weekend Evenings

INTERESTS

TELL US IN WHICH AREAS YOU ARE INTERESTED IN VOLUNTEERING? (Check all that apply)

- Intern/Practicum Student
- Administrative/Clerical
- Special Events
- Weekend Afternoons
- Special Projects
- Youth Volunteer
- Grounds Maintenance
- Building Maintenance

QUALIFICATIONS/SPECIAL SKILLS

State any qualifications (Trainings, Certificates/Licenses, Degrees, Experience) and/or special skills that you have which will help demonstrate your ability to assist in the interest areas that you checked above:

DISCLOSURES

Have you ever been a client of Bobby Benson Center? YES NO

(Former residents must complete the "Former Resident Agreement" as part of the application process)

If yes, when? (List Dates)

Do your hours need to be tracked for Community Service? YES NO

If yes, please explain and list total hours needed:

REFERENCES

Please list four (4) references (please use one professional reference. Community Service applicants MUST use their Community Service contact as a reference. NO RELATIVES)

NAME	Relationship:	ADDRESS	Phone/Cell	Email
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AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I acknowledge that I am volunteering my services freely without any understanding or promise of reward or compensation for my services.

As part of my Bobby Benson Center volunteer service, confidential information may be disclosed to me. I agree that whenever that is done, I will respect the confidentiality of that information.

I also acknowledge that upon accepting this agreement that I permit the Bobby Benson Center to perform any necessary background checks.

NAME (Print) _____ **Date:** _____

Signature: _____

Please Mail To: **Bobby Benson Center; 56-660 Kamehameha Hwy, Kahuku, HI 96731**

OFFICE USE ONLY:

Background Check Reference Pre-Screening Approved Declined

Assigned Area: Admin. Day Program Residential Special Projects Intern/Practicum Student

Start Date: _____

BACKGROUND CHECK AUTHORIZATION

NAME : _____

(First)

(Middle)

(Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____

(Mo/Yr)

(Street)

(City)

(State/Zip Code)

Previous Address From: _____

(Mo/Yr)

(Street)

(City)

(State/Zip Code)

Previous Address From: _____

(Mo/Yr)

(Street)

(City)

(State/Zip Code)

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **BOBBY BENSON CENTER** and its designated agents and representatives to conduct a comprehensive review of my back ground to be generated for employment and /or volunteer purposes. I understand that the scope of the background check may include, but is not limited to the following areas: Verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **BOBBY BENSON CENTER** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**** BOBBY BENSON CENTER** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth. This information will not be shared.

Signature: _____

Date: _____