



NEW OPPORTUNITIES, INC.

Volunteer Application

Note: This application is for volunteer work only. It is NOT an application for employment with New Opportunities, Inc.

NEW OPPORTUNITIES, INC. PROVIDES A NON-SMOKING AND DRUG-FREE WORK ENVIRONMENT.

GENERAL INFORMATION

Date _____

Name _____ Social Security # _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Home Phone # _____ Business Phone # _____

Cel Phone #: _____ Email address _____

Can you establish that you are eligible to work in the United States? Yes No

Can you establish proof of identity? Yes No Are you over 18 years old? Yes No

Any job offer is conditional upon proof of employment eligibility in the United States and proof of personal identification.

Volunteer Position applied for:

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Handyman | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Meal Sites | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Telephone Work |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Child Care | <input type="checkbox"/> Other _____ |

Have you worked at New Opportunities before Yes No If yes, Position held _____

Dates of previous employment at NOI: From: _____ To: _____

Reason for Leaving: _____

Do you have transportation to and from your volunteer assignment? Yes No

If no, what arrangements can you make for transportation? _____

Answer the following questions unless you have been told that you will not use a motor vehicle for volunteer assignments:

Have you had any motor vehicle accidents or been found guilty of motor vehicle violations within the past (3) years?

Yes No If yes, explain _____

Do you hold a driver's license in good standing? Yes No If yes, what State: _____

Driver's License #: _____ Expiration Date: _____

Having discussed the volunteer assignment for which you have applied, can you perform all of the specific functions and tasks? Yes No

If there are any functions or tasks that you cannot perform, please identify these functions/tasks: _____

▪ **CONVICTION INFORMATION**

Have you ever been convicted of a crime (either through a plea bargain or as a result of a trial), other than a motor vehicle violation, which conviction was not erased pursuant to CT General Statutes Sections 46b-146, 54-76o or 54-142a or 54-142a? Yes No

If yes, please explain the circumstances of the conviction(s) including the date of guilty plea or conviction(s), the nature, elements and date of the offense(s) to which you plead guilty or were convicted, the disposition and any other information about the conviction(s) you wish to bring to our attention: _____

▪ **STATE OR FEDERAL INVESTIGATIONS** *[The following information is only one factor in the employment decision and is evaluated only if it is relevant to the position.]*

Have you ever been the subject of investigation conducted by a state or federal agency, such as the Department of Children and Families, Department of Social Services or the Department of Public Health? Yes No

If yes, please provide a detailed explanation: _____

▪ **EDUCATION/TRAINING**

Please list all formal education: _____

▪ **EMPLOYMENT EXPERIENCE**

Describe past employment or volunteer experience including dates and a contact name and telephone number, starting with your present or latest assignment: _____

▪ **SKILLS AND KNOWLEDGE**

Please describe any special skills you have or training you have received: _____

Please list the computer software you are competent in using: _____

Languages you are fluent in (other than English):

1. _____ Speak Read Write

2. _____ Speak Read Write

▪ **PROFESSIONAL REFERENCES** (Including last employers and non-family members)

Name	Address and Telephone	Occupation	Years Known

I certify that the statements made to me on this volunteer application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or agency policy and procedure.

Volunteer Signature: _____

Date: _____