

**CITY OF MASON VOLUNTEER PROGRAM**

6050 Mason-Montgomery Road  
Mason, Ohio 45040  
P: 513.229.8550  
F: 513.229.8556  
www.imaginemason.org



**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

CONTACT: \_\_\_\_\_  
Home Phone Cell Phone E-mail

DRIVERS LICENSE/OHIO ID #: \_\_\_\_\_ AGE:  10-13  14-18  19-30  31-54  55+

HIGH SCHOOL GRADUATE:  YES  NO IF NO, PASSED HIGH SCHOOL EQUIVALENCY TEST:  YES  NO

HIGH SCHOOL NAME/LOCATION: \_\_\_\_\_

COLLEGE OR UNIVERSITY NAME/LOCATION: \_\_\_\_\_

SUBJECTS STUDIED: \_\_\_\_\_ DEGREE(S) EARNED: \_\_\_\_\_

**EMERGENCY INFORMATION** - In case of emergency, please contact:

NAME #1: \_\_\_\_\_ NAME #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?  YES  NO

List all convictions (including date, name, and location of court where convicted) after your 18th birthday. You are not required to list a record that has been expunged. A "yes" answer is not an automatic bar to placement, but an untrue answer will disqualify you. If yes, please explain fully below. Attach a separate sheet if necessary: \_\_\_\_\_

**WORK EXPERIENCE** - Check all that apply:

- EMPLOYED FULL TIME  EMPLOYED PART-TIME  TEMPORARILY UNEMPLOYED
- FULL-TIME STUDENT  PART-TIME STUDENT  RETIRED
- LOOKING FOR WORK  HOMEMAKER

NAME AND LOCATION OF CURRENT EMPLOYER OR SCHOOL: \_\_\_\_\_

JOB TITLE OR SCHOOL YEAR: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM A POSITION:  YES  NO

SPECIAL TRAINING, LICENSES, OR CERTIFICATES: \_\_\_\_\_

**FOR OFFICE USE ONLY**

NOTES: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLACEMENT IN: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

**VOLUNTEER EXPERIENCE** - Present or previous volunteer jobs include:

DATES: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

DATES: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

**AVAILABILITY & ASSIGNMENT REQUEST**

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER: \_\_\_\_\_ DATES AVAILABLE: \_\_\_\_\_

PLEASE LIST TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER: \_\_\_\_\_

VOLUNTEER ASSIGNMENT PREFERENCE (OPTIONAL): \_\_\_\_\_

**INTERESTS & SPECIAL SKILLS** - Check all that apply:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> LANGUAGES<br>READ _____<br>SPEAK _____<br>WRITE _____ | <input type="checkbox"/> MASS MAILINGS<br><input type="checkbox"/> PHOTOCOPYING<br><input type="checkbox"/> RECEPTIONIST<br><input type="checkbox"/> SURVEY-TAKING | <input type="checkbox"/> WORD PROCESSING<br><input type="checkbox"/> TELEPHONING<br><input type="checkbox"/> FILING<br><input type="checkbox"/> MARKETING | <input type="checkbox"/> EMERGENCY PREPAREDNESS<br><input type="checkbox"/> VOLUNTEER PROGRAM EVENTS<br><input type="checkbox"/> PUBLIC RELATIONS<br><input type="checkbox"/> TEACHER/TRAINER/TUTOR |
| <input type="checkbox"/> RECRUITING  | <input type="checkbox"/> BOOKKEEPING<br><input type="checkbox"/> PHOTOGRAPHY<br><input type="checkbox"/> COMPUTER TRAINER  | <input type="checkbox"/> CRAFTS<br><input type="checkbox"/> SEWING<br><input type="checkbox"/> DATA ENTRY   | <input type="checkbox"/> WRITER (NEWSLETTERS, ARTICLES)<br><input type="checkbox"/> SPORTS/RECREATIONAL ACTIVITIES<br><input type="checkbox"/> COMPUTER SYSTEMS APPLICATIONS                        |
| <input type="checkbox"/> GARDENING   | <input type="checkbox"/> GRAPHIC DESIGN<br><input type="checkbox"/> RESEARCH   | <input type="checkbox"/> FINE ARTS<br><input type="checkbox"/> SPECIAL EVENTS   | <input type="checkbox"/> SENIOR CITIZENS ACTIVITIES<br><input type="checkbox"/> VIDEO/TV PROGRAMMING  |
| <input type="checkbox"/> CARPENTRY   | <input type="checkbox"/> CRIME PREVENTION<br><input type="checkbox"/> LECTURE ON:<br>_____   | <input type="checkbox"/> VOLUNTEER IN THE PARKS<br><input type="checkbox"/> TECHNICAL CONSULTING ON:<br>_____   | <input type="checkbox"/> HEALTH/NUTRITION<br><input type="checkbox"/> OTHER (PLEASE SPECIFY):<br>_____  |
| <input type="checkbox"/> CALLIGRAPHY   |  |   |   |
| <input type="checkbox"/> COOKING   |  |   |   |
| <input type="checkbox"/> PAINTING  |  |   |   |
| <input type="checkbox"/> RASKALS   |  |   |   |

WOULD YOU BE WILLING TO BE "ON CALL" FOR SPECIAL ASSIGNMENTS:  YES  NO

DO YOU HAVE TRANSPORTATION TO AND FROM YOUR VOLUNTEER ASSIGNMENT:  YES  NO

HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM: \_\_\_\_\_

**TO BE SIGNED AT TIME OF INTERVIEW**

I certify that all statements I have made on this application and on other supplementary material are true and correct. I hereby authorize the City of Mason to investigate the accuracy of this information. I am aware that fingerprinting may be required before placement in some positions. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. The City of Mason reserves the right to terminate a volunteer's services at any time.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (if applicant is a minor): \_\_\_\_\_