

# KICK-BACK AT THE HANG-OUT

BOARD OF DIRECTORS, ADVISORS, CONSULTANT,  
BUSINESS PARTNERS, JOB CANDIDATES AND VOLUNTEERS APPLICATION

## PLEASE SELECT POSITION APPLYING FOR:

DATE: \_\_\_\_\_

Board of Directors\*

Advisors\*

Consultant

Business Partners\*

Job Candidates

Volunteers

\*By invitation only

## CONTACT INFORMATION

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Valid Driver's License: Yes/No Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Preferred Contact Location:  Home  Work

## EMERGENCY INFORMATION

Special medical needs/conditions: \_\_\_\_\_

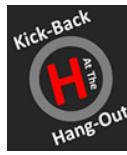
Emergency procedures (if applicable): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_



## WHAT IS YOUR AVAILABLE TO WORK, GET INVOLVED OR VOLUNTEER

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Monday Hours: _____   | <input type="checkbox"/> Tuesday Hours: _____ | <input type="checkbox"/> Wednesday Hours: _____ |
| <input type="checkbox"/> Thursday Hours: _____ | <input type="checkbox"/> Friday Hours: _____  | <input type="checkbox"/> Saturday Hours: _____  |
| <input type="checkbox"/> Sunday Hours: _____   | <input type="checkbox"/> Hours Needed: _____  | <input type="checkbox"/> Start Date: _____      |

## EDUCATION/EXPERIENCE

Highest grade level completed: \_\_\_\_\_ Institution: \_\_\_\_\_

Date started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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Why are interested in joining our team?

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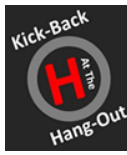
Previous work or volunteer experience – attached additional sheets as needed: \_\_\_\_\_

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## INTERESTS (PLEASE MARK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Administration                       | <input type="checkbox"/> Mentoring                   |
| <input type="checkbox"/> Accounting and budgeting             | <input type="checkbox"/> Planning and organizing     |
| <input type="checkbox"/> Answering and Making telephone calls | <input type="checkbox"/> Policies and procedures     |
| <input type="checkbox"/> Data entry                           | <input type="checkbox"/> Proofreading/editing        |
| <input type="checkbox"/> Event planning                       | <input type="checkbox"/> Set up and breakdown crew   |
| <input type="checkbox"/> Filing                               | <input type="checkbox"/> Tax preparation             |
| <input type="checkbox"/> Fundraising                          | <input type="checkbox"/> Technology/Media Technology |
| <input type="checkbox"/> Internet research                    | <input type="checkbox"/> Training/Teaching           |
| <input type="checkbox"/> Grant writing                        | <input type="checkbox"/> Tutoring                    |
| <input type="checkbox"/> Layout/writing newsletter            | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Marketing                            | <input type="checkbox"/> Other: _____                |



**SKILLS (PLEASE MARK ALL THAT APPLY)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Access/Databases | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Fundraising                    |
| <input type="checkbox"/> Excel            |   | <input type="checkbox"/> Grant Writing                  |
| <input type="checkbox"/> Microsoft Word   |   | <input type="checkbox"/> Graphic Design                 |
| <input type="checkbox"/> PowerPoint       |   | <input type="checkbox"/> Writing/editing press releases |
| <input type="checkbox"/> Web Publishing   |   | <input type="checkbox"/> Set up and breakdown crew      |

What other specific skills, experience and/or resources can you offer to our organization?

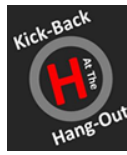
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Would you be interested in helping out in special events throughout the year:  Yes  No

Do you have proficiency / skill in another language other than English in which you would feel comfortable assisting our organization with? If so which language (s)?

- |                     |                 |                 |
|---------------------|-----------------|-----------------|
| 1. _____            | _____           | _____           |
| Speaking Ability    | Reading Ability | Writing Ability |
| _____               | _____           | _____           |
| 2. Speaking Ability | Reading Ability | Writing Ability |



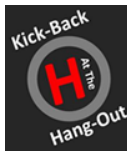
## EQUAL EMPLOYMENT OPPORTUNITY

Note: We are requesting EEO information on a voluntary basis. The purpose of requesting this information is to monitor our effectiveness in attracting minorities. The information collected is confidential. Please check how you would designate yourself racially and/or culturally:

Are you of Hispanic origin (this is defined as being a person of Mexican, Puerto Rican, Cuban, South American, or other Spanish Culture or origin regardless of race)?  Yes  No

Race:

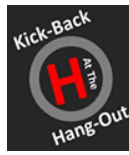
- Caucasian
- African American
- Asian or Pacific Islander – a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.
- Native American or Alaskan Native – A person with origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Multi-Cultural – a person who would classify themselves as more than one of the above.



**REFERENCES:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Title/Relationship: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Personal Reference or Professional Reference

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Title/Relationship: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Personal Reference or Professional Reference



Note: Because of the sensitive nature of our work, we request the following information:

1. Have you ever been convicted of a crime?  Yes  No

Please explain when, where, and the nature of the offense below:

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2. Are there any criminal charges, against you currently?  Yes  No

Please explain when, where, and the nature of the offense below:

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3. Have you ever had a personal protection order against you?  Yes  No

Please explain when, where, and the nature of the offense below:

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4. Have you ever been involved in the abuse or neglect of a child or adult?  Yes  No

Please explain when, where, and the nature of the offense below:

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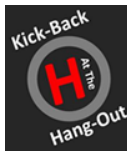
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5. Have you even been involved with a protective service agency?  Yes  No

Please explain when, where, and the nature of the offense below:

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## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal from any position and/or volunteer job consideration. I authorize any references listed in this application to relay information they may have regarding my character and fitness for work on behalf of children. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect references provided on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date