



HICAP VOLUNTEER APPLICATION

Please fill out application completely and accurately. Print or Type.

PERSONAL DATA

NAME: Please PRINT or TYPE Last Name, First Name and Middle Initial		
TELEPHONE	EMAIL	DATE OF BIRTH
ADDRESS: Street Number and Name, City, State, Zip Code		
Emergency Contact's Full Name/Relationship		Emergency Telephone No.:
Are you currently employed? ☐ Yes ☐ No		Date Available:
Would you need reasonable accommodation to perform the duties of a HICAP Volunteer Counselor?		
GENDER	RACE/ETHNICITY	Additional Languages
Have you ever been convicted of a crime, or pled "guilty" or "no contest" to a charge? Do not include a conviction for the crime of possession of less than one ounce of marijuana more than two years ago, or any conviction for which the record has been sealed, expunged, or eradicated. ☐ Yes ☐ No If "Yes," please describe: <u>Note:</u> An affirmative response to this question will not necessarily disqualify an applicant from consideration. I certify that the information provided in this Application is accurate. I understand that the withholding of any information sought by this Application, or the giving of false information on this Application, will result in a denial of my volunteer application, if discovered after I am volunteering for LSNC, a termination of my volunteer position. I hereby grant permission to any person, firm or corporation to release to the Company or its representatives any and all information regarding my past work or employment and my background. I waive any and all claims I might have with respect to the providing of such information. I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION. Signature _____ Date _____		

EDUCATION/EMPLOYMENT HISTORY

EDUCATION/TRAINING: List below your education background, including all colleges, trade, and military service schools.				
School	LOCATION City and State	Major	Graduated?	Degree
College				
Graduate School				
Other Education or Training				

EMPLOYMENT HISTORY (List last three employers, starting with most recent first.)	
Employer/Position:	Dates of Employment:
Reason for leaving:	
Employer/Position:	Dates of Employment:
Reason for leaving:	
Employer/Position:	Dates of Employment:
Reason for leaving:	

REFERENCES: List the names of three people not related to you, whom you have known at least one year.
Name, Address, Telephone, Years Known
1.
2.
3.