International Volunteer Application

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| **Applicant Information** | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | First |  | | | | M.I. | | | | Date |  | |
| Street Address | | |  | | | | | | | | | | Apartment/Unit # | | | | |  | |
| City |  | | | | | | | County | |  | | | Postcode | |  | | | | |
| Phone |  | | | | | | | E-mail Address | | |  | | | | | | | | |
| Country | | |  | | | Citizen of | | |  | | | | Date Available | | | |  | | |
| How did you hear about this position? | | | |  | | | | | | | | | | | | | | | |
| Do you have a valid driver’s license? | | | | | YES | | NO | | Do you have a valid passport for at least 12 months? | | | | | | | YES | | | NO |
| I am 18 years or older | | | | | YES | | NO | | 6 or 12 month placement | | | | |  | | | | | |
| Have you ever volunteered or worked for this company? | | | | | YES | | NO | | If so, when? | | |  | | | | | | | |
| Have you ever been convicted of a crime? | | | | | YES | | NO | | If yes, explain | | |  | | | | | | | |
| Have you been denied entry into USA? | | | | | YES | | NO | | If yes, explain | | |  | | | | | | | |

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| **Education** | | | | | | | | | |
| High School | |  | | | | Address |  | | |
| From |  | | To |  | Qualifications earned |  | | | |
| College |  | | | | | Address |  | | |
| From |  | | To |  | Did you graduate? | YES | NO | Degree |  |
| Other |  | | | | | Address |  | | |
| From |  | | To |  | Did you graduate? | YES | NO | Degree |  |

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| **JOB RELATED TRAINING OR COURSEWORK:** |
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| **BRIEFLY DESCRIBE YOUR TRAINING/EXPERIENCES IN THE FIELD OF MENTAL HEALTH, VOLUNTEERING OR SOCIAL SERVICES:** |
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| **Previous Employment** | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | Phone |  | | | |
| Address | |  | | | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | | | | Starting Salary | |  | | | Ending Salary |  |
| Responsibilities | | | |  | | | | | | | | | | | |
| From |  | | | To | |  | | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | YES | NO |  | | | |
| Company | | |  | | | | | | | | Phone |  | | | |
| Address | |  | | | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | | | | Starting Salary | |  | | | Ending Salary |  |
| Responsibilities | | | |  | | | | | | | | | | | |
| From |  | | | | To |  | Reason for Leaving | | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | YES | NO |  | | | |
| Company | |  | | | | | | | | | Phone |  | | | |
| Address | |  | | | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | | | | Starting Salary | |  | | | Ending Salary |  |
| Responsibilities | | | |  | | | | | | | | | | | |
| From |  | | | To | |  | Reason for Leaving | | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | YES | NO |  | | | |

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| **References** | | | | |
| *Please list three professional references.* | | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Email |  | | | |
| Address |  | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Email |  | | | |
| Address |  | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Email |  |  |  | |
| Address |  | | | |

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| **BRIEFLY DESCRIBE YOUR GOALS IN VOLUNTEERING FOR HERON-PEACOCK SUPPORTED LIVING:** | | | |
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| **DISCLAIMER AND SIGNATURE:** | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to a volunteer placement, I understand that false or misleading information in my application or interview  may result in my release.  I am willing to request a copy of my criminal background check. | | | |
| Signature |  | Date |  |
| Any additional information or space needed to answer the questions can be included on a separate sheet.  Please return application via email, fax or mail to: Administrator  The Heron  67 Coco Plum Drive  Marathon, FL. 33050  USA  305-743-4129 (tel)  305-743-5137 (fax)  [heron@westcare.com](mailto:heron@westcare.com)  [www.guidancecarecenter.org](http://www.guidancecarecenter.org) | | | |