



COMMUNITY INITIATIVES, INC.

Working with the community for the community

201 Church Ave, Greenwood SC 29646

864-223-7472

www.communityinitiatives.us

### Volunteer Application

#### Applicant Information

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

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: ( ) E-mail:

Availability:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Select the program you would like to volunteer with:  
 Safe Haven  La Clinica Gratis  Administration Office  Community Outreach

Have you ever volunteered for this company? YES  NO  If yes, when?

Have you ever been convicted of a felony? YES  NO

If yes, explain:

Volunteer type:  Skill-Based Volunteer  Collegiate Volunteer/Intern  VolunTEENS

#### References

Please list two professional/personal references. Also, email a current copy of your resume to our Volunteer Coordinator, [mashario@communityinitiatives.us](mailto:mashario@communityinitiatives.us)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( )

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( )

#### Education (VolunTEENS & Collegiate Volunteers/ Interns ONLY)

High School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
How many service hours are required? \_\_\_\_\_ Organization: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_  
Expected Graduation: \_\_\_\_\_ Internship Required? YES  NO  How many hours are required? \_\_\_\_\_



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### Skills

Spanish:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Word Processing:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Data Processing:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other skills:		

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application allow me to volunteer with Community Initiatives, Inc., I understand that false or misleading information in my application or interview may result in my release of service and all agreements.*

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Volunteer Essay

### **Not Required for Medical Providers**

*Please explain what you believe to be your strengths and your weaknesses as related to the program for which you would like to volunteer, and why you are the best candidate for this position. Use the space provided below. Do not write less than 100 or more than 200 words.*

Begin here: