**Dakota James Foundation**

**Volunteer Application of Interest**

Contact Information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | Last Name: |  | DOB: |  | Male or Female |
| Address: |  | City: |  | State: |  | Zip: |  |
| Social Security Number: |  | **(Used only for background check)** | Phone #: |  |
| Email: |  | Driver’s License #: |  | State: |  |
| Emergency Contact: |  | Relationship: |  | Phone #: |  |

Employer Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer: |  | Job Title: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| How Long at Current Company: |  | Previous Employer if less than 1 year: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| Skills: | (Examples: computer, copier, certifications, clerical, phone calling) |
|  |

Education Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATION** | **NAME OF SCHOOL** | **LOCATION** | **# OF YEARS** | **GRADUATE?** | **TYPE OF DEGREE/CERTIFICATE** |
| HIGH SCHOOL |  |  |  |  |  |
| COLLEGE |  |  |  |  |  |
| TRADE |  |  |  |  |  |

Volunteer Information: **(Complete if you have previously volunteered)**

|  |
| --- |
| Please tell us where you have volunteered, why and what your role was: |

Questionnaire:

How did you hear about the Dakota James Foundation?

Why are you interested in the Dakota James Foundation?

What do you feel you could bring to this organization?

What are your strengths?

What are your weaknesses?

What would you like to see the organization change/complete in the next year?

Please provide to contacts of reference with name, address and phone number:

Please sign below as an agreement of commitment to the Dakota James Foundation. This is an equal employment opportunity for all volunteers and to providing volunteers with a work environment free of discrimination and harassment, not to discriminate against any employee or applicant for employment because of race, color, religion, national origin, sex (including pregnancy), age, disability, sexual orientation, gender identity and/or expression, protected veteran status, genetic information, or any other characteristic protected by Federal, State or local law.

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Signature of Volunteer Date