Volunteer Questionnaire

FULL - TIME or PART- TIME POSITION

Dear Volunteers,

You have completed Christi Academy general ***Volunteer Questionnaire*** submitted your fingerprinting card, and provided Christi Academy with your current Curriculum Vitae / Resume to the Christi Academy administration. This application will deal more specifically with your educational / teaching experience and will be used to determine your volunteer position(s) and compensation while at Christi Academy.

Date _____

Social Security Number _____ Driver's License #_____

Last Name _____ First Name _____ M.I. _____

Present Address _____ City _____ State ____ Zip _____ Apt. Number ____

Date of Birth _____ Phone Number _____

General Information

Position Applied For (Check one Box Below)

- ☐ Classroom Mom
- ☐ Field trip
- ☐ Teaching Assistant
- ☐ Teacher's Aide and reading buddy
- ☐ Non- Instructional [~ Janitorial ~ Landscape ~ Food Preparation ~ Transportation- Office]

Date You Can Start _____

Are You Employed Now? _____

Ever Applied to Christi Academy before? _____ If yes when _____ For What Position? _____

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Volunteer Questionnaire, cont'd

Reason for leaving? _____

_____

Name of Supervisor here at Christi Academy _____

Who Referred your to Christi Academy _____ □ Friend □ Classified Ad □ Employment Service
□ Walk In □ Church □ College Placement

Education

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Subjects of Special Study or Research Work

Special Training

Special Skills

U.S. Military or Naval Service _____ Rank _____

Discharge Date _____ Type of Discharge _____

Present Membership in National Guard or Reserves _____ Date Obligation Ends _____

Christi Academy

Volunteer Questionnaire, cont'd

Name & Address of Present or Last Employer ____

____

Starting Date Month _________ Year _________ Leaving Date Month _________ Year _________

Job Title ______________________________________ May We Contact Supervisor? _______________

Name and Title of Supervisor _______________________________ Phone Number__________________

Description of Work ____

Reason for Leaving ____

>>

Name & Address of Employer

____

Starting Date Month _________ Year _________ Leaving Date Month ______ Year _____

Job Title _____________________________ May We Contact Supervisor? ____________

Name and Title of Supervisor __________________________Phone Number ____________

Description of Work ____

Reason for leaving ____

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☐ Do you have any physical limitations that preclude you from performing any work for which you are being considered?

NO _____ YES _____ Describe _____

☐ Were you ever seriously injured?

NO _____ YES _____ Describe

_____

☐ What foreign languages do you ***speak*** fluently? _____

☐ What foreign languages do you ***read*** fluently? _____

☐ What foreign languages do you ***write*** fluently? _____

PERSONAL REFERENCES

Name Address Business Years Aquatinted

1. _____
2. _____
3. _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all the statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date _____ Signature _____ Print Name _____