

APPLICATION FOR ADULT VOLUNTEER SERVICE

Adult Team Members must be 18 years old and have graduated high school.

For information about COSI's Youth Volunteer Program, please call the volunteer information line: 614.629.3196

Personal Information

Last Name	First Name	Middle Initial	Today's Date
Current Street Address			Phone
City	State	Zip Code	Resided here from to
Email		DOB (necessary for background check)	
Previous Street Address			Resided here from: to:
City	State	Zip Code	
Please list the position(s) for which you are applying:		Have you previously been employed by or volunteered for COSI? No Yes If yes, where & when?	
How did you learn about this volunteer opportunity?			
<input type="checkbox"/> Brochure	<input type="checkbox"/> VolunteerMatch	<input type="checkbox"/> Recruiting Event: _____	
<input type="checkbox"/> Called COSI	<input type="checkbox"/> COSI website	<input type="checkbox"/> Referred by: _____	
<input type="checkbox"/> Visited COSI	<input type="checkbox"/> Media: _____	<input type="checkbox"/> Other: _____	
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)			

Educational Information

Highest level of education attained:	Dates attended:	Major/Degree:	GPA:
Most recent school/university attended:			
Location:			

Special Interests

Please list any special skills or interests:	
Please list any foreign languages that you read, write, or speak fluently:	Have you served in the U.S. Armed Forces?

Personal References (not related)

Name	Relationship	Telephone Number	Best time to call

Employment Information

Current Employer/Company Name:	Telephone number	Employed here from
Supervisor Name:		to
Job Title:		
Description of Work:		

Volunteer Experience

Organization	Contact Name/Phone	Length of Service	What did the experience entail?

What are your personal/career goals?

In what way does the position you are applying for help you to reach these goals?

Signature

I hereby declare that the information provided by me in the Application for Adult Volunteer Service is true, correct and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I authorize COSI to verify any information I have provided by contacting former employers, educational institutions, and other appropriate sources. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance or disciplinary records. I further understand that if accepted as a volunteer at COSI, my volunteer service will be at will, and that service at COSI may be terminated with or without cause, and without notice, at any time, at the option of either COSI or me. I understand that background checks and/or fingerprints may be required as a condition of volunteering at COSI to protect guests, and volunteer and paid team members.

Signature _____

Date _____