



# VOLUNTEER APPLICATION

All Sections *must* be completed. If not applicable answer N/A **DO NOT** answer "see resume".

<b>PERSONAL</b>	NAME _____ DATE _____							
	<i>(Last)</i>	<i>(First)</i> <i>(M.I.)</i>						
	ADDRESS _____							
	<i>(No. &amp; Street)</i>	<i>(City)</i> <i>(State)</i> <i>(Zip)</i>						
	PHONE NUMBER _____							
	<i>(Home)</i>	<i>(Other)</i>						
<b>EDUCATION</b>		Name & Location (City & State)	Dates Attended From To	Graduate Yes No	Diploma Degree Certificate	Course Major	# of Credits Earned	
	High School							
	College							
	Graduate Work							
	Business/Trade Technical/Other							
<b>EMPLOYMENT HISTORY</b>	<b>LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST</b>							
	1.					2.		
		<i>(Name of Business or Organization)</i>					<i>(Name of Business or Organization)</i>	
		<i>(City)</i>		<i>(State)</i>			<i>(City)</i> <i>(State)</i>	
		<i>(Position / Title)</i>					<i>(Position / Title)</i>	
		<i>(Starting Date)</i>		<i>(Ending Date)</i>			<i>(Starting Date)</i> <i>(Ending Date)</i>	
		<i>(Reason for Leaving)</i>					<i>(Reason for Leaving)</i>	
	3.					4.		
		<i>(Name of Business or Organization)</i>					<i>(Name of Business or Organization)</i>	
		<i>(City)</i>		<i>(State)</i>			<i>(City)</i> <i>(State)</i>	
		<i>(Position / Title)</i>					<i>(Position / Title)</i>	
		<i>(Starting Date)</i>		<i>(Ending Date)</i>			<i>(Starting Date)</i> <i>(Ending Date)</i>	
		<i>(Reason for Leaving)</i>					<i>(Reason for Leaving)</i>	

<b>MILITARY</b>	<p>Have you ever served in the military?      Yes _____ No _____</p>									
<b>GENERAL INFORMATION</b>	<p>1. Have you ever been employed by MHA?      Yes _____ No _____      If yes, when? _____</p> <p>2. Do you have a valid PA Driver's License?      Yes _____ No _____</p> <p>3. Is a car available if needed for job?      Yes _____ No _____</p> <p>4. Do you have computer experience?      Yes _____ No _____      _____</p> <p>5. Other skills, trades, or qualifications (please specify below)</p> <p>_____</p> <p>_____</p> <p>6. Do you have any relatives employed at MHA?      Yes _____ No _____      (If yes, please identify below)</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Relative's name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Title/Department</td> </tr> </table> <p>7. How were you informed about the job opening? _____</p>	Relative's name	Relationship	Title/Department						
Relative's name	Relationship	Title/Department								
<b>REFERENCES</b>	<p>(Other than relative or employer)</p> <p>1. _____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone Number</td> </tr> </table> <p>2. _____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone Number</td> </tr> </table> <p>3. _____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone Number</td> </tr> </table>	Name	Relationship	Phone Number	Name	Relationship	Phone Number	Name	Relationship	Phone Number
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<b>CERTIFICATION</b>	<p>I hereby certify that the information provided by me on this application and other documents I offer for employment application to the Mental Health Association is true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or such documents shall be considered sufficient cause for dismissal. You are hereby authorized to investigate the information I have provided. You are also authorized to conduct a criminal background check.</p> <p>Applicant's Signature _____ Date _____</p> <p style="text-align: center; margin-top: 20px;"><b>MHA IS AN EQUAL OPPORTUNITY EMPLOYER AND PROHIBITS HIRING DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, DISABILITY, ANCESTRY, NATIONAL ORIGIN, AGE OR SEX. EMPLOYMENT OPPORTUNITIES SHALL BE PROVIDED FOR APPLICANTS WITH DISABILITIES AND REASONABLE ACCOMMODATIONS SHALL BE MADE TO MEET THE PHYSICAL OR MENTAL LIMITATIONS OF QUALIFIED APPLICANTS OR EMPLOYEES.</b></p>									