# Developmental Enrichment Centers

A community of Friendship and Acceptance

# VOLUNTEER APPLICATION

**A. Personal Information: (PLEASE PRINT)**

_____

*First Name* *Middle* *Last* *Social Security Number*

_____

*Street Address* *City* *Zip* *E-mail Address*

_____ _____

*Home Phone* *Cell Phone* *Referred by*

18 years of age or older? ___Yes ___ No Are you related to a DEC employee? If yes, please state relationship _____

When can you start _____ Days/hours available each week _____

Languages you speak fluently? _____ Skills, Hobbies, Interests: _____

**B. Education History:** *School Name/Location* *Years Completed* *Degree/Diploma*

High School _____

College _____

College/Other _____

**C. Employment Record**

1. Company Name _____ Dates of Employment _____

   Duties/Responsibilities: _____

   Position Held _____ May we contact your employer ___Yes ___ No

   Manager/Supervisors Name _____ Telephone _____

2. Company Name _____ Dates of Employment _____

   Duties/Responsibilities: _____

   Position Held _____ May we contact your employer ___Yes ___ No

   Manager/Supervisors Name _____ Telephone _____

3. Company Name _____ Dates of Employment _____

   Duties/Responsibilities: _____

   Position Held _____ May we contact your employer ___Yes ___ No

   Manager/Supervisors Name _____ Telephone _____

**D. Certification & Authorization**

By signing below, you certify that all information provided in this application is true, authorize the company to contact your employment references as indicated, and to thoroughly investigate all statements contained in this application and resume..
**Note: DEC performs background checks and drug testing.**

Signature: _____ Date: _____