

TRI-CAP Volunteer Application

607 Third Ave, P.O. Box 729

Jasper, IN 47547-0729

812-482-2233



Please print. Be as thorough as possible.

Date of Application		
Last Name	First Name	MI
Street Address	City, State ZIP	
Telephone Number(s)	E-mail	

Emergency Contact Information	
Primary Contact	Secondary Contact
Name	Name
Relationship to you	Relationship to you
Phone #(s)	Phone #(s)

Educational Background		
High School	College	Other
Professional experience and skills (list most recent employer):		
Name & Address of Company or Agency		Job Title
Dates Worked	Name of Supervisor	
Description of work performed		
List computer experience/software		
Circle any duties that appeal to you: clerical: filing, answering phones, data entry, shredding Working with children: bus monitor, reading, assist in the classroom, kitchen help Janitorial duties: cleaning tables, dusting, sweeping, mopping, empty trash, windows, bathrooms		
What languages do you speak and write?		

Name of Volunteer Applicant _____

What location are you interested in volunteering at? (check all that apply)
Please note not all programs are located at all locations.

Jasper Boonville Petersburg Evansville Newburgh
 Tennyson

What days/hours are you available to volunteer? (check all that apply)

Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____
Sat. _____ Sun. _____

Do you have any special hobbies or skills?

What volunteer work have you done in the past?

How did you hear about TRI-CAP? _____ Have you volunteered before for TRI-CAP? _____

What has prompted your interest in Volunteering?

Is there any type of volunteer work that you would prefer?

- Check all TRI-CAP programs in which you are interested in serving as a volunteer:
- Affordable Senior Housing and Family Housing
 - Breast Cancer Program
 - Energy Assistance Program
 - Family Planning
 - Head Start
 - Healthy Families
 - Hoosier Corp or Foreclosure Prevention Service
 - Individual Development Accounts or Housing and Personal Finance Services
 - Owner Occupied Rehabilitation
 - RSVP-Retired Senior Volunteer Program
 - Weatherization
 - Other-please list special skills _____

Is it OK to take pictures of you while volunteering at TRI-CAP? _____ YES _____ NO

Is it OK to post pictures that we have taken of you on our Agency Website and Facebook Page?
_____ YES _____ NO

Name of Volunteer Applicant _____

CHARACTER REFERENCES

Please list the names, addresses and phone numbers of three people (no relatives please) who can comment on your ability to serve as a volunteer.

_____ Name	_____ Phone Number
_____ Street Address	_____ City, ST Zip
_____ Name	_____ Phone Number
_____ Street Address	_____ City, ST Zip
_____ Name	_____ Phone Number
_____ Street Address	_____ City, ST Zip

Background Check Release

Authority for Release of Information: I understand that TRI-CAP requires a background check with the State of Indiana for each direct service volunteer. Information from the State of Indiana Sex Offenders Registration List will be requested. Other states may also be contacted for background information. I authorize TRI-CAP to inquire and for the State of Indiana and other agencies to provide background materials to TRI-CAP and its affiliates, regulating agencies, contractors and subcontractors as appropriate.

_____ Last Name	_____ First Name	_____ MI
_____ Date of Birth	_____ Race	_____ Sex

Other names used (including maiden, and all married names)

Other cites and states where you have lived and/or worked:

I have read, understand, and agree to the above release.

Signature of Volunteer Applicant _____ Date _____

Name of Volunteer Applicant _____

I agree to abide by the rules and policies of TRI-CAP and will participate in any necessary training. If for any reason I am unable to be at the program at the designated time, I will notify the program Supervisor at least 24 hours in advance, whenever possible.

Signature of Volunteer Applicant

Date

Dubois Pike Warrick Economic Opportunity Committee d/b/a TRI-CAP

Full Service Locations in Dubois, Pike, and Warrick Counties

Jasper 812-482-2233 Petersburg 812-354-8721 Boonville 812-897-0364

Newburgh Head Start 812-853-5928 Tennyson Head Start 812-567-4014

Evansville Family Planning and Breast Cancer Services 812-428-2189

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