Dubois-Pike-Warrick Economic Opportunity Committee, Inc. d/b/a

TRI-CAP
Improving Lives Since 1966

PLEASE PRINT

Date: _____

_____
Last name First Name Middle Initial

_____
Street Address City, State, Zip

_____
Telephone Number(s) E-mail

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

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

EDUCATIONAL BACKGROUND: *(please list all that apply)*

_____
High School College

_____
Other

EXPERIENCE AND SKILLS:

_____
Name & Address of Company/Agency of Most Recent Employer

_____
Job Title Name of Supervisor

_____
Dates Worked

_____
Description of Work Performed

Do you have any computer/software experience? **Yes** **or** **No** (please circle one)

If yes, please list the type of computer/software experience you have:

_____

_____

What languages do you speak and write? _____

VOLUNTEER PREFERENCES:

Circle any of the listed volunteer opportunities below that appeal to you:

Clerical:

- Filing
- Answering phones
- Data entry
- Shredding

Working with children:

- Reading
- Assist in the classroom
- Kitchen help

Janitorial duties:

- Cleaning tables
- Dusting
- Sweeping
- Mopping
- Empty trash
- Cleaning windows
- Cleaning bathrooms

Do you have a particular TRI-CAP program in which you are interested in serving as a volunteer?
If so, please list the program:

_____

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

☐ Jasper (Dubois County)
☐ Petersburg (Pike County)
☐ Boonville ☐ Newburgh (Warrick County)
☐ Evansville (Vanderburgh County)

What days and times are you available to volunteer?

Day	Available Times	Day	Available Times
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Do you have any special skills or hobbies?

_____

_____

Have you volunteered in the past? **Yes** **or** **No** (please circle choice)

If yes, please list the type of volunteer work you have done and where:

_____

_____

What has prompted your interest in volunteering?

_____

_____

PHOTO RELEASE:

TRI-CAP has my permission to use photos of me showing me in volunteer service on their agency's publications, website, and social media pages. **Yes or No** (please circle choice)

If yes, please sign and date below:

_____ _____

Volunteer Applicant Signature **Date**

REFERENCES:

Please list the names, phone numbers and e-mail addresses of three (3) people who can comment on your ability to serve as a volunteer. No relatives, please.

Name	Phone # (s)	E-mail address

CRIMINAL HISTORY CHECK CONSENT: I, _____, do hereby agree to submit to testing to be performed by, Indiana State Police and/or the current background check provider used for detection of criminal history background information. I give permission for test results to be released to TRI-CAP. I understand that not-qualified test results (according to Indiana State Law IC 20-26-5-11 and/or IC 10-13-3-39 as required by program), refusal to be tested, or any attempt to affect the test results will result in withdrawal of my volunteer application, and withdrawal of any volunteer opportunity I have received from TRI-CAP.

LOCAL LAW ENFORCEMENT CHECK: I, _____, do hereby agree to submit to testing to be performed by, the Local Law Enforcement agencies for all of my residential addresses in the last five (5) years, for substantiation for child abuse or neglect or similar complaints or charges and of any convictions or arrests. I give permission for test results to be released to TRI-CAP.

DRUG SCREEN CONSENT: I, _____, do hereby agree to submit to testing to be performed by, Memorial Health Employer Services or St Vincent's Occupational Medicine, for detection of drugs and alcohol. I give permission for test results to be released to TRI-CAP. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my volunteer application, and withdrawal of any volunteer opportunity I have received from TRI-CAP.

SEX OFFENDER REGISTRY CHECK CONSENT: I, _____, do hereby agree to submit to a search of the database to be performed by TRI-CAP by searching the United States Department of Justice, National Sex Offender Public Website for detection of sex offender registry information. I understand that not-qualified test results and/or refusal to be tested will result in withdrawal of my volunteer application, and withdrawal of any volunteer opportunity I have received from TRI-CAP.

I have lived in the following states in the last five (5) years:

_____ _____ _____

_____ _____ _____

For registration for fingerprinting, please provide the following information.

Name as printed on your photo identification that will be presented at testing sites:

_____
Last name First Name Middle Initial

Date of Birth_____ Height_____ Weight_____ Race_____

Eye color_____ Hair color_____

Place of birth_____
City State Country

Social Security number_____

_____ _____
Volunteer Applicant Signature **Date**

_____ _____
Witness **Date**

RULES AND POLICIES:

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.

_____ _____
Volunteer Applicant Signature **Date**