



**1B VISIONS UNLIMITED, INC.  
AND FAMILY SERVICE PROGRAMS**  
**YOUTH AND FAMILY SERVICE PROGRAMS**

*"Bringing holistic visions into view: the whole child, the whole family, the whole community"*

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR VOLUNTEER/INTERN**

**OFFICIAL USE ONLY  
DATE RECEIVED:**  
\_\_\_\_\_

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Last four of Social Security No. \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you volunteer weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     VOLUNTEER             COMMUNITY SERVICE             INTERNSHIP  
                                   FULL-TIME ONLY             PART-TIME ONLY             FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

\*Special Licenses and/or certifications: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No             Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_



Bilingual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Skills</b>	Special Personal Skills (i.e. grant writing, event planning, arts and crafts, etc.): _____
	If Yes, what languages spoken: _____		_____
Typing	<input type="checkbox"/> No   _____ WPM	Microsoft Office:	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Powerpoint <input type="checkbox"/> Access
	<input type="checkbox"/> No   _____ Processing	<input type="checkbox"/> No	Other Programs: _____
Personal Computer	<input type="checkbox"/> Yes   PC <input type="checkbox"/>		Internet: _____
	<input type="checkbox"/> No   Mac <input type="checkbox"/>		Print Programs: _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (   ) _____	Telephone (   ) _____

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PLEASE READ CAREFULLY

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**APPLICATION FORM WAIVER AND AFFADAVIT**

In exchange for the consideration of my volunteer/intern application by **CMB VISIONS UNLIMITED, INC.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship shall serve to create an actual or implied contract of employment, or to confer any right to inter into **CMB VISIONS UNLIMITED, INC.** Both the undersigned and **CMB VISIONS UNLIMITED, INC.** may end this voluntary employment relationship at any time, without specified notice or reason.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a law enforcement agency information pertaining to my criminal history. A criminal background check is required prior to employment. Upon written request from me, the Company, will provide me with additional information concerning results of criminal background checks.

I further understand that volunteer and/or internship opportunities are assigned as determined appropriate by CMB Visions Unlimited, Inc., and on the basis of availability of appropriate assignment. I agreed to abide by all of the rules and regulations of CMB Visions Unlimited, Inc.

**Printed name of Applicant** \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.



