

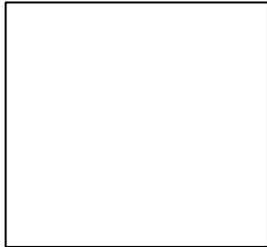


Earth Citizens Organization

Volunteer Program Application

Please print or write clearly

First Name _____ Last Name _____ Middle Initial _____
 Street Address _____
 City _____ State _____ Zip _____
 Email address _____
 Occupation(s) _____



You must be 20 years or older to participate in this program.

Please enclose a copy of a valid photo ID that shows your age.

Driver's License # _____ State _____

Gender: Male Female Age _____

Marital Status _____

Religious Affiliation _____

Length of commitment _____ Months! (More than a full one-month commitment required)

Education/Career/Skills

Highest Level of Education _____

If higher than postgraduate school, please specify Degree/Field of Study _____

Foreign languages spoken and degree of fluency: _____

Languages	Fluent	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List your skills and indicate proficiency level:

Skills	Proficient	Workable	Needs improvement
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Employer _____ Position _____

Previous Employer _____ Position _____

Person to contact in case of emergency

Full Name _____ Relationship _____

Day phone _____ Evening Phone _____

1. Why do you want to volunteer at ECO and what will you contribute to ECO and to the volunteer community?

2. Describe a community-living experience in your life and how it contributed to your growth.

Health Information (Please answer the following questions completely and truthfully)

1. Briefly describe your current overall health.

2. Are you currently seeing a physician or mental health professional?

Yes No If yes, for what conditions?

3. Have you been hospitalized within the last three years for medical or psychological care?

Yes No If yes, please explain:

4. Are you currently taking any medications?

Yes No If yes, which medications and for what conditions?

5. Have you ever had an alcohol- or substance-abuse problem, or any other kind of addiction?

Yes No If yes, please explain:

6. Do you smoke?

Yes No If yes, please review the Volunteer Program tobacco policy:

7. Have you ever been arrested and/or convicted of a crime?

Yes No If yes, please explain:



Professional References

(Please include one ECO affiliated contact and two non-affiliated professional contacts.)

Name _____ Title _____
Company/Organization _____ Relationship _____
E-mail _____ Phone _____

Name _____ Title _____
Company/Organization _____ Relationship _____
E-mail _____ Phone _____

Name _____ Title _____
Company/Organization _____ Relationship _____
E-mail _____ Phone _____

Earth Citizens Organization Volunteer Program Alcohol, Tobacco, and Drug Policy

Earth Citizens Organization's Volunteer Program supports a holistic health environment. As such, volunteers are not permitted to consume alcohol in the premise of Earth Citizens Organization. Illegal or illicit drug use or sale, underage drinking, driving while intoxicated, or inappropriate alcohol-related behaviors are strictly prohibited. Smoking is not permitted in the premise of Earth Citizens Organization.

Agreement

I understand that the Earth Citizens Organization Volunteer Program requires references and a background check before my application for the program will be considered.

I understand that there are no medical practitioners on staff at Earth Citizens Organization. I also agree that in the event of an acute illness and/or injury, you will seek medical attention from a physician.

I understand that the volunteer program is designed for emotionally and physically healthy individuals. I warrant that I have been examined by a licensed physician within the past six months and found to be in suitable condition to perform normal daily physical and mental activities, and I agree to cover any medical or psychotherapeutic costs I incur while a participant in the Volunteer Program.

I understand the volunteer program requires a significant commitment of time and agree to commit at least one full month to the program.

I understand that participants of the program should abide by the rules and regulations of Earth Citizens Organization and the volunteer program, and that individuals who fail to adhere to the boundaries of the program or are not seen as a good fit with the program (as determined by Volunteer Program administrators), will be asked to leave the program.

I have read, understand and agree to all the terms and conditions of this application. I understand that withholding information can lead to termination of my participation in the Volunteer Program at Earth Citizens Organization. By signing below, I certify that all the information included in this application is true and complete and authorize Earth Citizens Organization to contact the listed references and conduct background check for the purpose of determining my suitability as a volunteer.

Signature _____ Date _____