

APPLICATION FOR ADULT VOLUNTEER SERVICE

COSI has a very active Youth Volunteer Program. All Adult Team Members must therefore be at least 18 years and out of high school. For information on the Youth Volunteer Program, call the Volunteer Information line: (614)629-3196.

Personal Information						
Last Name	First Name	Middle Initial	Today's Date			
Current Street Address					Daytime Phone	
City	State	Zip Code		Evening Phone		
Resided Here (month/year) from to		E-Mail Address				
Previous Street Address					Social Security Number	
City	State	Zip Code				
Resided Here (month/year) from to		Have you previously been employed or volunteered at COSI? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, where?				
Please list the position(s) for which you are applying:						
How did you learn of this volunteer opportunity?						
<input type="checkbox"/> Brochure	<input type="checkbox"/> VolunteerMatch	<input type="checkbox"/> Recruiting Event: _____				
<input type="checkbox"/> Called COSI	<input type="checkbox"/> COSI Website	<input type="checkbox"/> Referred by: _____				
<input type="checkbox"/> Visited COSI	<input type="checkbox"/> Media: _____	<input type="checkbox"/> Other: _____				
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please Explain						
COSI is open 7 days a week. Some work schedules include evenings and weekends. What days/times are you available for work?						When will you be available to start?
Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Personal References (not related)

Name	Relationship	Telephone Number	Best Time to Call
		()	
		()	
		()	

Professional/Employment History

Current Employer/Company Name:	Telephone Number	Best Time to Call
Address:	()	
Job Title:	Employed (Month and Year)	
Description of Work:	From	To
Supervisor:	Reason for Leaving:	
Supervisor Name:		

Former Employment

Employer/Company Name:	Telephone Number	Best Time to Call
Address:	()	
Job Title:	Employed (Month and Year)	
Description of Work:	From	To
Supervisor:	Reason for Leaving:	
Supervisor Name:		

Employer/Company Name:	Telephone Number	Best Time to Call
Address:	()	
Job Title:	Employed (Month and Year)	
Description of Work:	From	To
Supervisor:	Reason for Leaving:	
Supervisor Name:		

Volunteer Experience

Name of Organization	Contact Name/Phone	Length of Service	What did the experience entail?
	()	From:	
		To:	
	()	From:	
		To:	

What are your personal/career goals?

In what way does the position that you are applying for help you reach these goals?

Please provide any additional information which would be helpful in describing your full qualifications.

Signature

I hereby declare that the information provided by me in the Application for Adult Volunteer Service is true, correct and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I authorize COSI to verify any information I have provided by contacting former employers, educational and training institutions personal sources, and other appropriate sources. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance, or disciplinary records. I further understand that if accepted as a volunteer at COSI, my volunteer service will be at will, and that service at COSI may be terminated with or without cause, and without notice, at any time, at the option of either COSI or myself. I understand that background checks and/or fingerprints may be required as a condition of volunteering at COSI to protect guests, and Team Members, volunteer and paid.

Date

Signature