



963 S Orchard Street Suite 101

Boise, Idaho 83705

208 991 3681

www.peerwellnesscenter.org

**Volunteer Application**

Application Date \_\_\_\_\_

Volunteer Position Sought \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**EDUCATION**

Highest Level of Education \_\_\_\_\_

**EMPLOYMENT**

Current Employer, if applicable:

Position/Title \_\_\_\_\_

Dates of Employment (starting, ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

Address \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement? No  Yes

**SKILLS & EXPERIENCE**

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer in the field of addiction and mental health?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] \*Conviction of a crime is not an automatic disqualification for volunteer work but full disclosure is required.

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**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

***Please read the following carefully before signing this application:***

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with PEER Wellness Center that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by PEER Wellness Center. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with PEER Wellness Center or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_