



**ALBERTINA  
KERR**



**ALBERTINA'S**  
RESTAURANT AND SHOPS

### Volunteer Application

#### Albertina Kerr Centers Mission

*Kerr partners with families and the community to support people with developmental disabilities and mental health challenges to lead self-determined lives and realize their full potential*

We welcome your willingness to serve Albertina Kerr Centers. Please answer the following questions as completely and honestly as possible so your talents and interests can be matched with activities that will make your time given to us a valuable experience. Thank you!

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: *Female* \_\_\_\_\_ *Male* \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you employed? *Yes* \_\_\_ *No* \_\_\_ Employer: \_\_\_\_\_

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

Student? *Grade/Level* \_\_\_\_\_ *School* \_\_\_\_\_

Why are you interested in volunteering?  Personal interest  Educational Internship  Community Service Hours  Court ordered  Other \_\_\_\_\_

Have you ever worked or do you currently work for Albertina Kerr Centers?  Yes  No

Have you ever received services from Albertina Kerr Centers?  Yes  No

Do you have a valid driver's license?  Yes  No

Do you have a car available for use while volunteering?  Yes  No

**Experience and Education**

**What is your educational/training background?**

**What is your employment history?**

**Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?**

**Does your current employer have (check all that apply):**  Program for volunteering  Donation matching program

Grant preference to organizations where you volunteer

**Your Interests at Albertina Kerr Centers/Albertina's Restaurant & Shops**

**A description of current volunteer positions is available from the Community Relations Manager. Please list those that interest you.**

_____	_____
_____	_____
_____	_____
_____	_____

**How long can you commit to volunteering?**  One time  Occasionally  3-6 months

6 months or more  Other \_\_\_\_\_

**What days are you available?**  Mondays  Tuesdays  Wednesdays  Thursdays  Fridays  Saturdays

Sundays

**What times are you available?**  Mornings  Afternoons  Evenings

**Do you prefer to work (check all that apply)**  Directly with people served  Sales  Behind the scenes

Computers  Maintenance  No preference

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak \_\_\_\_\_  Basic  Conversational  Fluent  
\_\_\_\_\_  Basic  Conversational  Fluent

Do you have any special needs or restrictions we should be aware of?:

Date you can begin service:

### Criminal History

*All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating.*

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

In case of an emergency, who would you like us to notify?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Other Phone #'s (i.e.: Cellular) \_\_\_\_\_

Please list two **non-relative** personal or professional references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Kerr considers applicants for internships/ volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Manager.*

**AUTHORIZATION AND AGREEMENT BY APPLICANT**

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Albertina Kerr Centers complete a criminal background check prior to volunteering.
3. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date

**DRUG AND ALCOHOL TESTING CONSENT**

Albertina Kerr Centers recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe and healthy work environment for its interns/volunteers. While the vast majority of interns/volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

The Agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on Agency property, in the presence of Agency clients, while on duty, during rest periods and break periods, while operating an Agency vehicle or attending an Agency-sponsored event.

1. Interns/Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency’s right to terminate an intern/volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
2. The agency retains the right to require any intern/volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.
3. Interns/volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.
4. New interns/volunteers will be required to report for drug testing after a placement offer has been made but before reporting for the assignment, dependent upon selected position.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date