

VOLUNTEER  
& INTERN  
APPLICATION

## APPLICATION FOR VOLUNTEER & INTERN SERVICES

- Mr.
- Mrs.
- Ms.
- Miss

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (Apt.)

\_\_\_\_\_  
(City or County) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**In Case of Emergency, Notify:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Education	Name and Location of School	Dates To/From	Major	Degree Title & Date

Work Experience: (Include Part-Time and Volunteer Experience)

Name of Employer	Type of Work	From	To

Organization and/or Schools you are affiliated with, if any \_\_\_\_\_

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

**References**

Name and Address	Telephone Number	Relationship	Years Known

What or who interested you in volunteering?

\_\_\_\_\_

What kind of volunteer work would you like to do ?

\_\_\_\_\_

Which days and times are you available?

\_\_\_\_\_

Date you are available to begin volunteering ?

\_\_\_\_\_

Dates and description of other volunteer experiences you have had.

\_\_\_\_\_

Special skills you may have. i.e Software, Xerox

\_\_\_\_\_

Hobbies, special interest

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed after being accepted as a volunteer**

- |                     |                            |                        |
|---------------------|----------------------------|------------------------|
| _____ Handbook      | _____ References Required  | _____ Assignment       |
| _____ ID Badge      | _____ Reference Check      | _____ Starting date    |
| _____ Tour          | _____ Supervisor           | _____ Days & Hours     |
| _____ Orientation   | _____ Job Description      | _____ Resignation Date |
| _____ First Aid/CPR | _____ Other Certifications |                        |

**PINKERTON CONSULTING & INVESTIGATIONS  
AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment, I authorize Pinkerton Consulting & Investigations and their respective agents, to solicit information about my criminal background, social security, driving history, and general public records history.

I AUTHORIZE, WITHOUT RESERVATION, ANY GOVERNMENT AGENCY CONTACTED BY PINKERTON CONSULTING & INVESTIGATIONS OR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release Pinkerton Consulting & Investigations, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

Pinkerton retains copies of criminal backgrounds for a maximum of ninety days. They are destroyed after that period.

I have been advised of my rights under the Fair Credit Reporting Act. If negative information should be presented in my name, I reserve the right to contact Pinkerton Consulting & Investigations for clarification.

Hard copy of record is kept for 90 days.

NAME (Print) \_\_\_\_\_

(First)

(Middle)

(Last)

OTHER NAMES USED (including Maiden names) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_

PRIOR ADDRESS IF LESS THAN 2 YRS AT CURRENT

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF MOST RECENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ # OF YEARS EMPLOYED AT THIS ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent signature, 1f under 18)

WITNESS \_\_\_\_\_

**THE LEAGUE**

**MAIL ONLY: 1111 E. COLDSRING LANE**

**BALTIMORE, MD 21239 ATTN: MARCIA HETTINGER**

**APPLICATION FOR EMPLOYMENT/ VOLUNTEERING/ INTERNSHIP**  
**AUTHORIZATION TO RELEASE INFORMATION**

The League for People with Disabilities, Inc, has the right to verify information provided in this application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize The League and any agent acting on it's behalf to conduct an inquiry into any information contained in this application, including, but not limited to, employment records.

Moreover, I hereby release The League and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes \_\_\_\_\_ No \_\_\_\_ (We may be unable to hire without this information)

I declare that any statement in this application or information provided, is true and complete and hereby acknowledge that I have read and understand the application and it's contents.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize The League for People with Disabilities or any representative acting on it's behalf, to review any record of the Maryland State Police or a comparable agency in an other state or country relating to me, and to abstract and have photocopied any and all of such records.

If you are denied employment based on information received as part of this investigation, you have the right under the Fair Credit Reporting Act to know the information contained in your file at the agency. You also have the right to obtain a copy of the Agency's report, if you submit a written request to the agency no later than 60 days after you receive notification of the denial of your employment. Under the Fair Credit Reporting Act, if you find that any information contained in the Agency's report is inaccurate or incomplete, you also have the right to dispute the information with the Agency.

This authorization shall continue until revoked by me in writing.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PRE VOLUNTEER DRUG TESTING**

The League is concerned with the safety, health and well-being of all it's employees and clients, as well as the quality of the services we provide. Misusing alcohol, drugs and controlled substances jeopardizes our ability to serve our clients. Therefore, we require applicants to undergo a pre-employment test for the presence of drugs and illegal substances to the extent allowable under applicable state and federal law. Positive results will cause the disqualification of the individual to the extent permissible under the law. We require that you complete this consent and release form in accordance with this policy.

I, \_\_\_\_\_, do hereby consent to undergo a pre-employment drug test as part of my application with The League. I understand that further consideration for employment may depend upon the results of this test as well as other factors to the extent permitted under applicable state and federal law. Further , I authorize the clinic, laboratory, hospital, or testing facility to release to The League, it's agents, doctors, staff, and medical personnel from any and all liability arising from the release or use of this information.

Signature\_\_\_\_\_

Date\_\_\_\_\_



**THE LEAGUE**  
FOR PEOPLE WITH DISABILITIES, Inc.  
*Putting Ability First*

## Release Form

I hereby give my consent to The League for People with Disabilities, Inc. (hereafter referred to as "The League") and its authorized representative to use my likeness in any and all photographs, videos and other forms of written and oral communication for the purpose of marketing, public relations, publicity and all other activities that The League shall deem necessary to fulfill its stated mission.

I hereby give my consent to The League to extend the above authorization to any third party for marketing, public relations, publicity and any other activity that The League shall deem necessary to fulfill its stated mission.

I hereby expressly give my consent to The League to use my photograph in conjunction with the quote:

"I used to be a police officer. When I was twenty-five, I got shot in the head in a drug bust. I was blind, I couldn't speak and I was paralyzed from the neck down. They got me back to walking again and they got me a lot stronger. I don't know what I would have done without The League."

Further, I give my consent to display this photograph and quote in any part of the League's facilities as well as all slide shows, videos, displays and other forms of written and oral communication for the purpose of marketing, public relations, publicity and all other activities that The League shall deem necessary to fulfill its stated mission.

This consent is authorized without any expectation of compensation or remuneration to be paid to me by The League, or any third party, for the use of my likeness in photographs, videos or any other form of written or oral communication that The League shall deem necessary.

\_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_