

# HERON-PEACOCK SUPPORTED LIVING



## Volunteer Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		County		Postcode	
Phone		E-mail Address			
Country		Citizen of		Date Available	
How did you hear about this position?					
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid passport for at least 12 months?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I am 18 years or older		YES <input type="checkbox"/>	NO <input type="checkbox"/>	6 or 12 month placement	
Have you ever volunteered or worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you been denied entry into USA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION							
High School					Address		
From		To		Qualifications earned			
College					Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other					Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### JOB RELATED TRAINING OR COURSEWORK:

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### BRIEFLY DESCRIBE YOUR TRAINING/EXPERIENCES IN THE FIELD OF MENTAL HEALTH, VOLUNTEERING OR SOCIAL SERVICES:

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## PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary			Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary			Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary			Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## REFERENCES

*Please list three professional references.*

Full Name			Relationship		
Company			Phone		
Email					
Address					
Full Name			Relationship		
Company			Phone		
Email					
Address					
Full Name			Relationship		
Company			Phone		
Email					
Address					

**BRIEFLY DESCRIBE YOUR GOALS IN VOLUNTEERING FOR HERON-PEACOCK SUPPORTED LIVING:**

**DISCLAIMER AND SIGNATURE:**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a volunteer placement, I understand that false or misleading information in my application or interview may result in my release.

I am willing to request a copy of my criminal background check.

Signature

Date

Any additional information or space needed to answer the questions can be included on a separate sheet.

Please return application via email, fax or mail to:

Program Director

The Heron  
67 Coco Plum Drive  
Marathon, FL. 33050  
USA

305-743-4129 (tel)  
305-743-5137 (fax)

[info@heron-peacock.org](mailto:info@heron-peacock.org)  
[www.heron-peacock.org](http://www.heron-peacock.org)

