



**Application for Volunteer Services**

**Thank you for your interest in becoming a volunteer with Positively Cleveland/Spirit of Cleveland ("PC/SOC").** All volunteer candidates must submit a completed application, complete the interview process and successfully complete the Positively Cleveland Volunteer Training.

**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_

Email \_\_\_\_\_

Day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

**UNIQUE QUALIFICATIONS OR EXPERIENCE QUESTIONNAIRE**

Please share any unique qualifications or experience you have that may help you as a PC/SOC volunteer: \_\_\_\_\_

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

How long have you lived in the Cleveland Plus region? \_\_\_\_\_

On a scale of 1 (lowest) to 10 (highest), how well do you know area, attractions, restaurants, neighborhoods, etc.? 1 2 3 4 5 6 7 8 9 10

How did you learn about volunteering for PC/SOC? \_\_\_\_\_

Why do you want to volunteer with PC/SOC? \_\_\_\_\_

\_\_\_\_\_

Do you speak any foreign languages?  Yes  No If yes, please list: \_\_\_\_\_

Do you have any special needs or conditions?  Yes  No If yes, please list: \_\_\_\_\_

\_\_\_\_\_

the higbee building

100 public square, suite 100

cleveland, ohio 44113.2290

phone 216.875.6680 or 800.321.1001

fax 216.621.5967

website [positivelycleveland.com](http://positivelycleveland.com)

**IN CASE OF EMERGENCY**

Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Cell phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

**AVAILABILITY - VOLUNTEER SHIFTS ARE 4HR MINIMUM**

Please indicate the days and time periods you prefer and are available to volunteer. Please note there may be opportunity to volunteer at special events and in the Visitors Center.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>AM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Special Events</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Availability**                    Anytime    Weekday Mornings    Weekday Afternoons    Saturdays    Sundays

**VOLUNTEER/PERSONAL REFERENCES**

Please list two references we may contact.

1.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

2.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Please read before signing:

As a volunteer for Positively Cleveland/Spirit of Cleveland, I agree,

- ❖ To follow the PC/SOC volunteer policies, rules and procedures
- ❖ To follow the policies and procedures as outlined in the Positively Cleveland Employee Handbook

I understand that this application does not create a contract for my volunteer service. I understand that if accepted, I am obliged to comply with any and all current and subsequently adopted policies. I understand that, if accepted, my volunteer service is for no definite period of time and I can be dismissed at any time for any reason or for no reason at all.

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

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