



# COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

ADMINISTRATIVE OFFICE

601 BLACK BEARS WAY, TUSCALOOSA, ALABAMA 35401-4807

TELEPHONE (205) 752-5429

TOLL FREE (855) 211-0950

FACSIMILE (205) 469-0062

**Cynthia W. Burton**

Executive Director

[www.cspwal.com](http://www.cspwal.com)

## Instruction to Volunteer Applicants

**Thank you**, for your interest in volunteering with our organization. Please take a moment to read and follow these instructions. If you have any questions, please contact me.

- Please complete the application in blue or black ink.
- Make sure all information is legible.
- Do not leave any information blank. Please use N/A (Not Applicable) or UNK (Unknown).
- Please provide 3 references using the attached forms and **submit them with your completed application.**
- If community service is court or school ordered, PLEASE STATE THE DATE BY WHICH IT MUST BE COMPLETED and the NUMBER OF HOURS YOU MUST COMPLETE ON PAGE 2.
- Please indicate the days and times of the week that you are available for volunteer work at the bottom of this page (Monday – Friday).

Again, thank you for your interest in becoming a volunteer with us, Volunteers are a vital part of Community Service Programs of West Alabama, Inc.

Victoria Perry, SPHR  
 Human Resources Director  
 601 Black Bears Way  
 Tuscaloosa, AL. 35401  
 (205) 469-1015  
[vperry@cspwal.com](mailto:vperry@cspwal.com)

Kandy Spencer  
 Human Resources Assistant  
 601 Black Bears Way  
 Tuscaloosa, AL 35401  
 (205) 469-0389  
[kspencer@cspwal.com](mailto:kspencer@cspwal.com)

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Updated 10.14.15





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HUMAN RESOURCES

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## APPLICATION TO VOLUNTEER

Community Service Programs of West Alabama, Inc., is committed to a policy of equal volunteer opportunities for all persons regardless of race, sex, color, religion, or national origin. All applications are considered on this basis. Any falsification or misrepresentation of information provided may be grounds for immediate dismissal if selected for volunteerism.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Position Applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you worked/volunteered for CSP in the past? \_\_\_\_\_ If so, when? \_\_\_\_\_

If so, what position did you hold? \_\_\_\_\_

Are you related to anyone in our employment, on our Board of Directors, Policy Council or current staff?

\_\_\_\_\_ If so, state name and department: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No What State? \_\_\_\_\_ License Number: \_\_\_\_\_

CDL Certified?  Yes  No What State? \_\_\_\_\_ What class? \_\_\_\_\_ Endorsement? \_\_\_\_\_

Do you have a serviceable automobile?  Yes  No Liability insurance?  Yes  No

### EDUCATION

Indicate the highest grade level you have completed?

K - 12 \_\_\_\_\_ Year Graduated \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_

College?  Yes  No If so, name of School/Institution: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

In what field? \_\_\_\_\_

Do you have certifications, licenses, or degrees from any other institutions?  Yes  No

If so, what type and from where? \_\_\_\_\_

# GENERAL INFORMATION

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In a few words please tell us why you would like to volunteer for Community Service Programs of West Alabama Inc: \_\_\_\_\_

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Please list any specific areas of volunteer opportunities in which you would be interested: \_\_\_\_\_

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If Community Service is court or school ordered, please state the date by which it must be completed and the number of hours you must complete: \_\_\_\_\_

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RELEASE

In connection with my application to volunteer, I understand that Community Service Programs of West Alabama, Inc., or its agents may conduct background investigations on me. I further understand that these background investigations may include, but are not limited to, criminal histories, driving records, job and personal reference reports, and education reports. I also understand that this information will be requested from various public and private agencies, former employers and other entities, which may have knowledge of my background including claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Community Service Programs of West Alabama, Inc., or its agents to furnish any of the above mentioned or related information to them. I agree to hold harmless Community Service Programs of West Alabama, Inc., its agents or individuals or agencies furnishing information for the background use of such information.

I understand that Community Service Programs of West Alabama, Inc., has a policy of a drug and alcohol free workplace and I agree to abide by this policy. I understand that failure to comply with this policy is grounds for dismissal.

I hereby certify that all information contained in this application is correct and understand that misrepresentations of any information may be grounds for dismissal.

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



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## REFERENCE REPLY FORM

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

Re: \_\_\_\_\_

The above referenced person has used you as a reference in seeking a volunteer opportunity with our agency. We would appreciate your cooperation in completing this form and returning it to us as quickly as possible. This response will be kept strictly confidential. Please contact Human Resources at 205-469-1015 or 469-0389.

1. Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_
2. Position Held: \_\_\_\_\_
3. To the extent that you can, please rate this person in terms of the following qualities:

	Above Average	Average	Poor
A) Honesty	_____	_____	_____
B) Dependability	_____	_____	_____
C) Hard-working	_____	_____	_____
D) Takes Initiative	_____	_____	_____
E) Writing Ability	_____	_____	_____
F) Speaking Ability	_____	_____	_____
G) Well-Organized	_____	_____	_____
H) Supervising Others	_____	_____	_____

4. Please give us a general idea of your overall assessment of this individual:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone or email address \_\_\_\_\_

Thank you for your cooperation.





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\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone or email address: \_\_\_\_\_

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