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

 **Greater Fall River RE-CREATION**

 VOLUNTEER APPLICATION

Racial Data- Please check one:

Several questions on this Employment Application are not related to the requirements for the positions for which you are applying and, as such, are optional. However they are essential to the effective implementation of the Affirmative Action Plan, which gives hiring preference for minorities, women, and lower-income applicants. As such it is to the advantage to applicants to answer all questions.

African American\_\_\_\_\_\_

Hispanic \_\_\_\_\_\_

Asian\_\_\_\_\_\_

American Indian\_\_\_\_\_\_

Caucasian\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL:

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TELEPHONE #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DRIVER’S LICENSE #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MARTIAL STATUS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZIP CODE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please circle) **MALE** / **FEMALE**

**MILITARY STATUS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH CONDITION**:\_\_\_\_\_\_\_\_\_\_\_\_ **RESCTRICTIONS IF ANY?**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| *NAME AND LOCATION OF SCHOOL* | *YEARS ATTENDED* | *DATE GRADUATED* | *SUBJECTS COURSES* |
|  | “U”6,7,8,9,10,11,12 |  |  |
| COLLEGE: | 1,2,3,4 |  |  |
| OTHER(INCLUDED SKILLS, I.E. TYPING (WPM), BOOK KEEPING, ETC. IF RELATED RO POSITION APPLYING FOR |  |  |  |

**REFERENCE:** List below several references for us to contact

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Address | Phone | Email |
|  |  |  |  |
|  |  |  |  |

Indicate Source of Referral (check)

**Organization**\_\_\_\_\_\_\_\_\_\_\_**Newspaper Adv**.\_\_\_\_\_\_\_\_ **Radio**\_\_\_\_\_\_\_ **Employee**\_\_\_\_\_\_\_\_ **Other**\_\_\_\_\_\_\_\_\_

**Name Referral:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize RE-CREATION to investigate the foregoing statements. It is understood that in accepting this application to volunteer at Greater Fall River RE-CREATION does not promise employment.

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*No applicant will be discriminated against because of race, color, religion, sex, age, handicap or national origin.*

**Return Application to:**

**Greater Fall River RE-CREATION**

**72 Bank Street**

**Fall River, MA 02720**

Visit: [www.gfrrec.org](http://www.gfrrec.org)

Email: gfrrec@gfrrec.org