

UNITY PARTNERS dba PROJECT UNITY - Volunteer Application

Name

Address

City/Zip

Phone Number

Male Female

Email Address

Emergency Contact (Name and Phone)

Do you have any physical limitations that prevent you from performing any activities?

Yes No If yes, please explain:

Skills and Qualifications: Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying:

Educational Background

- A. List Schools attended, starting with most recent.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any.
- D. Grade point average of class rank.
- E. Major or minor field of study (if applicable)



List any foreign language(s) you know and check below the description of your skill level.

Language	Speak Some	Speak Fluently	Read	Write

List Professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office Held

List special accomplishments, publications, awards, (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

References

List name and telephone number of three business/work or personal references.

Name	Telephone	Address	Years Known
	()		
	()		
	()		

List any additional information you would like us to consider:



P. O. Box 2812 Bryan, Texas 77805-2812

P: (979) 595-2900 F: (979) 595-2901

Application for Employment Agreement

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause of cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Application _____ Date ___/___/___

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