**Franklin County Volunteer Ombudsman Application**

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| **Contact Information**  |
| Name |
| Street Address |
| City, State Zip Code |
| Home Phone |
| Work Phone |
| E-Mail Address |
| \*Date of Birth(mm/dd/year) Social Security # |

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| **Availability** |

During which hours are you available for volunteer assignments?

\_\_\_ Weekday mornings \_\_\_ Weekend mornings

\_\_\_ Weekday afternoons \_\_\_ Weekend afternoons

\_\_\_ Weekday evenings \_\_\_ Weekend evenings

Frequency of volunteer availability (e.g. weekly, semi-monthly, monthly, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **What Brought You to Us** |

Why do you want to volunteer with our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How would you like to help our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Special Skills or Qualifications** |

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, education or through other activities, including hobbies.

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*\* Full number required for background check.*

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| **Previous Volunteer Experience** |

Summarize your previous volunteer experience.

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| **References** |

Please provide the name, address and phone number of three non-family members who can provide references on your ability to perform this volunteer position:

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| **1. Name** |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone / Email |  |
| **2. Name** |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone / Email |  |
| **3. Name** |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone / Email |  |

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| **Agreement and Signature** |

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, and false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| Name (printed) |  |
| Signature |  |
| Date |  |

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| **Our Policy**  |

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us!

Please return this form to pmmummert@franklincountypa.gov.