

Corporate Headquarters

349 South Main Street Dayton, Ohio 45402–2715 855–SOLVITA | www.solvita.org

Guest Relations Ambassador Volunteer Application

- Greet donors and observe them for post-donation reactions while providing snacks and beverages.
- Min. age: 18 years old

(We cannot accept volunteers mandated by a court to perform community service hours)

Hours)		
General and Contact Informat	on	
Last name (print):	First Name (print):_	
Birth Date (MM/DD/YYYY):	Are you over 18?: _	
	State: Zip Code	
	Evening Phone:	
Email Address		
Availability	Location	
Please circle all that apply.	Main Office	
Mondayto		
Tuesdayto		
Wednesdayto		
Thursdayto		
Fridayto		
Employment History		
	ployment history (attach resume if you	choose)
Employer:		
Address:		
Phone:		
Supervisor:		
E-mail:		

Education Background

/olunteer ills for which you have at I	east 3 months of expe	rience.
ograms or Software		
rvice		
anagement Programs		
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References

Please list 2 people, other than family members, who know your qualifications

Name	Name
Address	Address
Occupation	Occupation
	Daytime Phone:
Evening Phone:	Evening Phone:
Committment	
	that each volunteer commit to a minimum number of d you will be advised prior to acceptance if you are hours per month.
Are you willing to me this expectation? Yes	No
Have you ever been a Solvita volunteer before If yes Where/when? What did you do?	
Can you perform the essential duties of this pe	osition with or without a reasonable accomodation?
• Yes No	
You will be asked to attend an orientation/tra available?	ining and interview. What time period are you
Morning (9am - 12 pm)Afternoon (1pm-5pm)	
Have you ever been convicted of a misdeme	anor or felany?
Yes NoIf yes, please explain.:	

With my signature below, I hereby give Solvita permission to inquire into my educational background, personal references, driving record, police records (criminal background check), and employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to Solvita. I will be expected to sign and uphold a confidentiality agreement as attached.

I do hereby hold Solvita harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to Solvita. I understand that Solvita will use this information as part of its verification of my volunteer application. I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

Applicant's Signature:	Date:	
Applicant 3 Signature.	Date.	