



**EDUCATION COMPLETED:** (with level attained)

GED/High School: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Other Education and/or Training: \_\_\_\_\_

Professional Certification: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Present Employment: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**VOLUNTEER/INTERN EXPERIENCE:**

Organization: \_\_\_\_\_ Dates with Organization: \_\_\_\_\_

Volunteer Work Performed: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates with Organization: \_\_\_\_\_

Volunteer Work Performed: \_\_\_\_\_

**HEALTH INFORMATION:**

Do you have any health condition which could impair your proficiency in your work?(Check One)

( ) Yes ( ) No If yes, please explain:

**ACTIVITY INFORMATION:**

Do you speak any languages other than English? (Check One) ( ) Yes ( ) No

Language: \_\_\_\_\_

Speak fluently  Read fluently  Write fluently

**REFERENCES:** (Please provide three references and do not include relatives)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby affirm that the information provided by me on this form is true and complete.**

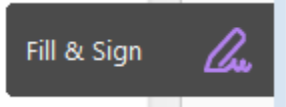
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**Signature**

**Date**

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- Download and save the file to your computer
- Open the PDF document
- Click on the “Fill & Sign” tab on the right side or top of the document



- The **IAB** cursor will appear on the screen. Move the cursor to the “**NAME**” field.
- Fill out the name field and **ALL** the fields on the application
- Add your **Signature**:



- Click on the **SIGN** tab at the top of the page
- **Follow the instructions to create a signature**
- Drag and drop your signature on the signature line on page #3
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- Attach the completed application to an email and send it to [shurst@oarnova.org](mailto:shurst@oarnova.org)
  - ✓ Fax document to OAR NOVA/Sarah Hurst
  - ✓ Fax number: (703)273-7554
  - ✓ Mail hard copies to:

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