



989-733-4369

P.O. Box 241 20902 Washington Avenue Onaway MI 49765

www.iaiworks.com

INDUSTRIAL ARTS INSTITUTE - COMMUNITY VOLUNTEER APPLICATION

APPLICATION DATE: _____

NAME: _____

VOLUNTEER POSITION SOUGHT: AFTER HOURS FACILITY SUPERVISOR

HOME ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

EDUCATION

HIGHEST LEVEL OF EDUCATION: _____

EMPLOYMENT

CURRENT EMPLOYER, IF APPLICABLE: _____

POSITION/TITLE: _____

DATES OF EMPLOYMENT: _____

ADDRESS: _____

SPECIAL TRAINING, SKILLS, HOBBIES:

GROUPS, CLUBS, ORGANIZATIONS: _____



Mission Statement: To develop and inspire a noble workforce by combining innovative education with time honored training to connect talent with professional skilled trades industries.

Non-Profit 501(c)(3) Corporation



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Please describe prior volunteer experience: _____

Why do you want to volunteer? (Or what would you like to gain from this experience)

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction) Conviction of a crime is not an automatic disqualification for volunteer work.

REFERENCES: Please share at least three people who know you well and can attest to your character, skills and dependability. Including your current, or last employer.

	<u>NAME</u>	<u>RELATIONSHIP TO YOU</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that this is an application for, and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Industrial Arts Institute that is true, correct and complete to the best of my knowledge. I certify that I have and will answer will not hold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Industrial Arts Institute. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position with Industrial Arts Institute or my termination as a volunteer.

SIGNATURE: _____ DATE: _____



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Photo Release Form: Industrial Arts Institute (IAI)

I hereby authorize Industrial Arts Institute to publish photographs taken of me and my likeness, for use in the IAI print and online marketing materials.

I hereby release and hold harmless IAI from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other IAI publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release IAI, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____



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