

RADD

Recreational Activities for the Developmentally Disabled

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RADD STAFF/VOLUNTEER APPLICATION

PROGRAM APPLYING FOR

- Adult Recreation
 Youth Respite

- Camp Kinder
 Sunshine Club

- Dance Club
 Other _____

- Bowling Club

POSTION APPLYING FOR

- Program Director
 Level 1 Worker

- Program Assistant Director
 Level 2 Worker

- Volunteer
 Level 3 Worker

EXPLANATION OF WORKER LEVELS

Level 1 - Work with clients who are independent and need little supervision

Level 2 - Work with clients who are semi-independent and need assistance dressing and with bathroom hygiene. Level 2 participants are able to feed themselves.

Level 3 - Work with clients who are dependent and need help feeding, cleaning, dressing, require diaper changing, and may need transferring.

PERSONAL INFORMATION

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

MAILING ADDRESS CITY ZIP CODE

PERMANENT STREET ADDRESS (IF DIFFERENT FROM ABOVE) CITY ZIP CODE

HOME PHONE (AREA CODE & NUMBER) CELL PHONE (AREA CODE & NUMBER) E MAIL ADDRESS

EMPLOYMENT HISTORY

EMPLOYER ADDRESS CONTACT PHONE

EMPLOYMENT DATES TITLE RESPONSIBILITIES

EMPLOYER ADDRESS CONTACT PHONE

EMPLOYMENT DATES TITLE RESPONSIBILITIES

EMPLOYER ADDRESS CONTACT PHONE

EMPLOYMENT DATES TITLE RESPONSIBILITIES

5/08

We are an equal opportunity employer



PERSONAL REFERENCES

Please provide the name, address and phone number of 3 persons (not relatives) who have knowledge of your character, experience and ability:

NAME	COMPLETE MAILING ADDRESS	PHONE
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NAME	COMPLETE MAILING ADDRESS	PHONE
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NAME	COMPLETE MAILING ADDRESS	PHONE
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PERSONAL BACKGROUND HISTORY

Previous residence(s) for last 5 years:

Address: _____ City: _____ State: _____ Years: _____

Address: _____ City: _____ State: _____ Years: _____

Address: _____ City: _____ State: _____ Years: _____

EDUCATIONAL HISTORY

Highest level of education completed:

High School AA / AS Degree BA / BS Degree Other

Current level in school: _____

Please list any degrees or certificates which you feel may provide benefit to program: _____

KNOWLEDGE, SKILLS AND ABILITIES

Do you play a musical instrument? Yes No

Do you have any other special skills / talents that you would be willing to share?

If so, please describe: _____

Do you have experience working with special needs individuals? Yes No

If so, please describe: _____

Describe any special knowledge, skills and abilities that you possess that are not listed above and that you feel would provide benefit to the program that you are applying for:

CURRENT CERTIFICATES / LICENSES

CPR certification: Yes No Type: _____ Expiration: _____

Lifeguard First Aid CNA

Certificate of authorization to administer medication Other: _____

PERSONAL BACKGROUND HISTORY

Have you ever been convicted, fined, placed on probation or imprisoned? Yes No

If yes, please explain: (Use a separate sheet if necessary) _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the agency and all others from liability in connection with same. I understand that, if employed, that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.

Signature: _____ Date: _____