

Thomas Ryan
Execuvite Director

FOR OFFICE USE ONLY
Tob Title:
Letter of Intention and Resume
\square Yes \square No

HOUSING AMERICA CORPORATION

Human Resources Department P.O Box 600 – 130 N. State Avenue, Somerton, Arizona 85350 (928) 627-4221 Fax: (928) 627-4213 (TTY) 711

Housing America Corporation Mission Statement

"Dedicated to improving communities in the area it serves by providing decent, safe, and affordable housing through education and economic opportunity to very-low, low, and moderate income individuals and families."

VOLUNTEER APPLICATION

Housing America Corporation is an **Equal Opportunity Employer** and encourages all qualified individuals to apply for open positions.

Please answer all questions completely and accurately. Incorrect or false statements and omissions of facts may be cause for rejection or dismissal.

If any item does not apply to you, write "NA" for Not Applicable. Note, for completing "Volunteer History": Fill in all spaces accurately and completely. Include all related volunteer, work experience, and military.

Position Applie Date you're ava volunteer:	ed For: ailable to				
I will Accept:	[] Volunteer Full	-time [] Volunte	er Part-Time		
Applicant I	nformation – Section	A			
Print Clearly					
Name:					
	Last		First		M.I.
Email Address:					
Mailing Addres	ss:				
	Street Name & Num				
	City		State	Zip Code	
Telephone:	Home:	Business:		Other:	
Date of Birth: _	Socia	l Security Number:	(N	eeded for Background	Check)
Can you provid	e verification of your eligib	ility to work in the United Sta	tes? [] Yes	[] No	
Driver's Lice	ense Number: #:		State:	Class:	





Applicant Information – Sectio	on A cont.			
History				
Are you currently, or have you ever bee	n employed by Housing America Corp?	[] Yes	[] No	
If yes, provide dates employed:				
Do you have any relatives employed by	Housing America Corp?	[] Yes	[] No	
If yes, give name, relationship and	l position title:			
Have you ever been convicted of a felor	ny?	[] Yes	[] No	
If yes, proved date, city, state, and	d nature of offense:			
·	se, an assault or the use of a weapon's	?		[] Yes [] No
, .	,			
Any crime involving the use, posses	esion or the furnishing of drugs?			[] Yes [] No
Any erime involving the use, posses	ssion of the furnishing of drugs:			[] ICS [] INO
Reckless driving operating a motor	vehicle while under the influence, or	r driving to	endanger?	[] Yes [] No
Acceless driving, operating a motor	venicle withe under the influence, of	i diiving to	changer.	[] ICS [] INO
If yes, proved date, city, state, and natur	re of offense:			
Reference - Section B				
Print Clearly				
Print Clearly				
Print Clearly	Relationship Time Know	wn	Pho	one Number
Print Clearly Please List Three References	Relationship Time Know	wn	Pho	one Number
Print Clearly Please List Three References	Relationship Time Kno	wn	Pho	one Number
Print Clearly Please List Three References	Relationship Time Know	wn	Pho	one Number
Print Clearly Please List Three References	Relationship Time Know	wn	Pho	one Number
Print Clearly Please List Three References	Relationship Time Knov	wn	Pho	one Number
Print Clearly Please List Three References Name	Relationship Time Know	wn	Pho	one Number
Print Clearly Please List Three References Name Please answer the following:			Pho	one Number
Please List Three References Name Please answer the following: Are you proficient in the Spanish Lange	uage?] Yes [one Number
Please List Three References Name Please answer the following: Are you proficient in the Spanish Language If yes, Speak: [] Yes []	uage? [No Read: [] Yes [] Yes [] No	one Number
Please List Three References Name Please answer the following: Are you proficient in the Spanish Language If yes, Speak: Write: [] Yes []	uage? [No Read: [No Translate [] Yes [] Yes [] No] No	one Number
Please List Three References Name Please answer the following: Are you proficient in the Spanish Language If yes, Speak: [] Yes []	uage? [No Read: [No Translate [] Yes [] Yes [] No] No] No	one Number
Please List Three References Name Please answer the following: Are you proficient in the Spanish Language If yes, Speak: [] Yes [] Write: [] Yes [] Please check all areas in which you are	uage? [No Read: [No Translate [e proficient:] Yes [] Yes [] No] No] No	
Please List Three References Name Please answer the following: Are you proficient in the Spanish Language If yes, Speak: Write: Yes Please check all areas in which you are Corel Word Perfect	uage? [No Read: [No Translate [e proficient: [] Adobe Acrobat Reader [] Internet] Yes [] Yes [] Yes [] No] No] No [] T [] M	DD Iulti-line Phones
Please List Three References Name Please answer the following: Are you proficient in the Spanish Lange If yes, Speak: [] Yes [] Write: [] Yes [] Please check all areas in which you are [] Corel Word Perfect [] Corel Quattro Pro	uage? [No Read: [No Translate [e proficient: [] Adobe Acrobat Reader [] Internet [] Typing, speed:] Yes [] Yes [] Yes [] No] No] No [] T [] M	DD
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Please List Three References Name Please answer the following: Are you proficient in the Spanish Lange If yes, Speak: [] Yes [] Write: [] Yes [] Please check all areas in which you are [] Corel Word Perfect [] Corel Quattro Pro [] Microsoft Word	uage? [No Read: [No Translate [e proficient: [] Adobe Acrobat Reader [] Internet [] Typing, speed:] Yes [] Yes [] Yes [] No] No] No [] T [] M [] M [] Si [] O	DD Iulti-line Phones Iail Postage Machine





Volunteer Record – Section C			
Print Clearly			
Have you volunteered for other organizations? []	Yes [] No		
Volunteered / / To: From:	/ /		
MM DD YY MM Γitle of your position:			
Organization:			
Address:			
Phone:	Cit	y State	Zip
Name and Title of Supervisor:			
Number of employees supervised (if any):		Hours per week:	
Reason for leaving:			
May we contact [] Yes [] No	If no, please explain	1:	
Duties of your position (DO NOT STATE "SEE]	DECLIME?		
Volunteered / / To: From:			
MM DD YY MM Fitle of your position:			
Organization:			
Address:			
	Cit	y State	Zip
Phone:			
Name and Title of Supervisor:			
Number of employees supervised (if any):		Hours per week:	
Reason for leaving:			
May we contact	TC 1	ı:	
organization? [] Yes [] No	If no, please explain		
•	•		
organization? [] Yes [] No	•		
organization? [] Yes [] No	•		





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Other – Section D		
Print Clearly		
Why are you interested in volunteering with Housing America Corporation?		
Please describe any work experience you think might be relevant to our program		
Housing America Corporation has my permission to: (please check below)		
Run a background check on me.	Yes	_No
Run a motor vehicle records check on me if I decide to operate a HAC vehicle.	Yes	_No
Verify the 3 references I have provided.	Yes	No





READ CAREFULLY BEFORE SIGNING I, hereby, certify that the facts contained in this application are true, accurate and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification for volunteering with Housing America Corporation or my dismissal. I, hereby, authorize Housing America Corporation to verify the accuracy of all statements contained in this application, resume, and/or supplemental, and employers/volunteers listed. I also authorize the employers/volunteers listed to provide Housing America Corporation with all information concerning my previous employment/volunteer and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information. Applicant's Signature Date How did you learn about this position?

A.	State Employment Office
B.	HAC Employee
C.	Bulletin Board
D.	Newspaper
E.	HAC Website
F.	Internet
G.	Radio
H.	Other



Department of Housing and Urban Development's Section 504 (24 CFR, part 8 dated June 2, 1988).

TO BE COMPLETED VOLUNTARILY BY APPLICANT

HOUSING AMERICA CORPORATION HUMAN RESOURCES DEPARTMENT

Please complete this information for statistical purposes. It will be detached from the application, and will not be used to make employment decisions.

]	sition Applied for:	
T	Sex: Female Male Age Group: Under 40 Over 40	
Ethi	c Category (Check One):	
1.	White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.	
2.	Black (not of Hispanic origin): All persons having origins in any of the black racial groups.	
3.	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.	
4.	Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	
5.	American Indian or Alaska Native: All persons having origins in any of the original peoples of North America.	



VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER and RELEASE OF LIABILITY

Date(s):	
In consideration of the organizer allowing me the	opportunity to participate in the above named program:
would be impacted in any way by performance of sponsored by Housing America Corporation is vo • I assume all risks associated with my participation Corporation., including injuries or illness to perso • For any injury, illness, property damage or loss of participation in, travel to and from, or other activity my heirs, my administrators and executors, forever all rights and claims, for any expenses, damages of thousing America Corporation including sponsoremployees, agents, successors and assigns.	on in activities and events organized or sponsored by Housing America in and damage or loss to property. Suffered or sustained by me which is in any way associated with my ty associated with the above noted program or event, I do hereby, for myself, or WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and or other losses which I may have or which may hereinafter accrue, against: ors and organizations or their respective representatives, officers, directors, in because of injury, I consent to administration of first aid and other medical
 I understand that at this event or related activities be used for any legitimate purpose by the event hotel. This VOLUNTEER'S ACKNOWLEDGMENT, a release and waiver to the maximum extent perm 	s, I may be photographed. I agree to allow my photo, video or film likeness to olders, producers, sponsors, organizers and/or assigns. WAIVER and RELEASE of LIABILITY shall be construed broadly to provide issible under applicable law. I hereby certify that I have read this document
• I understand that at this event or related activities be used for any legitimate purpose by the event had This VOLUNTEER'S ACKNOWLEDGMENT, a release and waiver to the maximum extent permand that I understand its content.	s, I may be photographed. I agree to allow my photo, video or film likeness to olders, producers, sponsors, organizers and/or assigns. WAIVER and RELEASE of LIABILITY shall be construed broadly to provide
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