

HAMPTON REDEVELOPMENT AND HOUSING AUTHORITY (HRHA)

Volunteer/Intern Application

1 Franklin Street, Suite 603, Hampton, Virginia 23669

Telephone: (757) 727-6337

Fax: (757) 727-6368

Website: www.hamptonrha.com

INSTRUCTIONS: Please Read Before Completing This Form. Please type or print clearly in dark ink. Résumés are welcomed but the application must be completed in full to be considered for employment with HRHA. If an item does not apply, write Not-Applicable (N/A) in the space provided. Before signing this form, carefully read the Privacy Act Notice for Employment Form.

Area of Interest: <input type="checkbox"/> Administration <input type="checkbox"/> Maintenance <input type="checkbox"/> Technical			Date:
Name: (Last)		(First)	(MI)
Address: (Number, Street, City, State, Zip Code):			
Home Telephone:	Other Telephone:	E-Mail:	
Have you ever worked for HRHA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Complete the following if any of your family members presently work for HRHA:			
Name: _____		Relationship to You:	
If you have ever as an adult been convicted of a misdemeanor or felony other than a minor traffic violation give details below. Include date of conviction, nature, and disposition of offense. NOTE: A conviction does not necessarily prevent your employment with HRHA.			
Details:			
Equal Employment Opportunity (EEO) Notice to All Applicants: HRHA is proud to be an Equal Opportunity Employer. We provide opportunities for employment without regard to race, color, national origin, sex, age, religion, familial/marital status or disability.			
Are you able to perform the essential functions of the position with or without accommodation?			
<input type="checkbox"/> I am able to perform the essential functions without accommodation.			
<input type="checkbox"/> I am requesting the following accommodation(s):			
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE: All employees are required to complete a Form I-9, Employment Eligibility Verification, and provide documentation establishing their identity and eligibility to work in the United States.			
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed?			
Name and Location (City, State) of College or University		Major and Type of Degree	Did You Graduate?
List the courses, dates attended, and certificates received from other schools and training.			
List special qualifications and skills, office and/or construction equipment or tools you can operate.			

Employment History

Name of Employer:	Dates Employed (Month and Year)	
	From:	
	To:	
Complete Address and Telephone Number:	Salary or Earnings	
	Beginning: _____	
		Ending: _____
Position Held: _____		
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number and type of employees supervised.		
Name and Title of Immediate Supervisor:		Telephone Number:
Reason for Leaving:		
Description of work (specific duties, responsibilities, and accomplishments on the job).		

Name of Employer:	Dates Employed (Month and Year)	
	From:	
	To:	
Complete Address and Telephone Number:	Salary or Earnings	
	Beginning: _____	
		Ending: _____
Position Held: _____		
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number and type of employees supervised.		
Name and Title of Immediate Supervisor:		Telephone Number:
Reason for Leaving:		
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Name of Employer:	Dates Employed (Month and Year)		
	From:		
	To:		
Complete Address and Telephone Number:		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held: _____			
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, number and type of employees supervised. _____			
Name and Title of Immediate Supervisor:		Telephone Number:	
Reason for Leaving:			
Description of work (specific duties, responsibilities, and accomplishments on the job).			
Name of Employer:	Dates Employed (Month and Year)		
	From:		
	To:		
Complete Address and Telephone Number:		Salary or Earnings	
		Beginning: _____	
		Ending: _____	
Position Held: _____			
Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, number and type of employees supervised. _____			
Name and Title of Immediate Supervisor:		Telephone Number:	
Reason for Leaving:			
Description of work (specific duties, responsibilities, and accomplishments on the job).			

Professional References			
Please provide three professional references. (Do not list any relatives or personal friends.)			
Name	Relationship	Telephone	E-mail Address

**Hampton Redevelopment and Housing Authority
Volunteer Services Program Agreement**

The Hampton Redevelopment and Housing Authority agrees to:

1. Provide volunteer opportunities regardless of race, sex, age, disability, or financial status.
2. Develop assignments that are meaningful and commensurate with the volunteer's abilities or career goals and which are useful to the Authority.
3. Provide all necessary orientation, training, supervision, supplies, and equipment to successfully complete the job or assignment.
4. Maintain a personnel file including application, service record, awards and commendations, to provide periodic performance, and to provide letters of reference upon request.
5. Review with the volunteer the availability of alternative placement opportunities at the time of completion of a job or assignment or upon request.

The volunteer agrees to:

1. Become familiar with and adhere to established policies and procedures of Hampton Redevelopment and Housing Authority.
2. Attend orientation and participate in on-the-job training and continuing education programs, as required.
3. Give notice to the supervisor and Human Resources if the work or assignment is to be terminated, interrupted for an extended period of time, or if an emergency or illness prevents attendance.
4. Fulfill and honor time commitments made at the time of accepting an assignment and to notify the supervisor when unable to do so.
5. Facilitate recordkeeping by maintaining a time report submitting the report to Human Resources by the last working day of each month.
6. Request the confidentiality of all information and to follow the same ethical standards of conduct required of all employees of Hampton Redevelopment and Housing Authority.
7. Accept supervision with a willingness to learn and a willingness to succeed in the job assignment.

Certification Agreement

I hereby certify that I have read the attached agreement and as a volunteer of Hampton Redevelopment and Housing Authority I agree to abide by the policies and procedures stated in the agreement. I understand this is a voluntary, unpaid, opportunity and that this opportunity may end at any time, either by HRHA or myself.

Applicant's Signature

Date (Month/Day/Year)

Availability:

Please check the boxes that indicate the days you would be willing to volunteer.

Monday Tuesday Wednesday Thursday Friday

Please indicate how many hours you would be willing to volunteer per day: _____

Total hours per week: _____

Please indicate whether you prefer working: Morning Afternoon Either

Please indicate whether you prefer: Regular Schedule On-Call/Occasional Shedule

In case of emergency, who may we contact?

Name: _____

Relationship to you: _____

Telephone Number: _____

I hereby certify that this application is true and accurate to the best of my knowledge. I understand that false or incomplete statements herein are grounds for disqualification from volunteer opportunities provided by Hampton Redevelopment and Housing Authority. I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connection therewith.

Applicant's Signature: _____

Date: _____