|  |  |
| --- | --- |
|  | Health Freedom Iowa |

#  Leadership Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Date Available: |  |

|  |  |
| --- | --- |
| Position Applied for (include Region and District #): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever volunteered for this company? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Previous Volunteer Experience (lack of experience does not exclude applicants)

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact previous organization for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |
| --- | --- | --- |
| Job Title: |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact previous organization for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |
| --- | --- | --- |
| Job Title: |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact previous organization for a reference? | YES[ ]  | NO[ ]  |  |

## Skills/Certifications

|  |  |
| --- | --- |
| Please include any special skills or certifications you have (ex: languages, CPR, vaccine education specialist, etc): |  |

|  |  |  |  |
| --- | --- | --- | --- |
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## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a leadership, I understand that false or misleading information in my application or interview may result in my release.

I understand that this position is an unpaid long-term volunteer position.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |