

VOLUNTEER APPLICATION

Name: Last	First		MI	
	1 1130			
Address: Street	City	State	Zip Code	
Home Phone: <u>(</u>)	Cell Phone: ()		
E-mail:				
Emergency Contact:				
Emergency Contact Phone(s):				
If under 18, Parent's/Guardian's Name:				
If you have a disability what accommodations would you need to do this volunteer position?				

Previous Volunteer or Work Experience: (Begin with the most recent)

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

How often per week/month can you volunteer? Check all that apply: Weekly: _____ Bi-Weekly: _____ Monthly: _____ Bi-Monthly: _____ Other: ______

Have you eve	er been convict	ed of a crime	other than a	a minor traffic violatio	on? Ye	s No
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If yes, please explain offense and final disposition:

References:

Three Personal References

Name	Phone Number with area code	How do you know the person?
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Referring Agency: If applicable

Name of Agency	Contact Person	Telephone Number

How did you come in contact with the referring agency?

Check each of the following if applicable as you complete the forms if not applicable mark N/A:

_____ Volunteer Application

_____ Agreement of Understanding for Volunteers

____ Volunteer Waiver Form

Volunteer Signature

Date

If under 18 Parental Consent is needed

Parent/Guardian Signature

Date

For Office Use Only:

Start date

Provide a copy of DMV driving record if checked

Revised 05/17/2010 Revised 08/15/2011