

## **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?
	( )	
	( )	
	( )	

## 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