

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____ Phone: _____

CITY: _____ State: _____ zip: _____

Driver's license: yes () No () State issued: _____

Contact in case of emergency _____

Relationship _____ Phone number: _____

Do you have a child in the program? Yes () No ()

Employed presently: Yes () No ()

Name of present employer _____

Job title _____

Hours you work: _____

Length of employment _____

Education and training: _____

Highest grade completed: 9th () 12th () college () graduate school ()

Training _____

Languages _____

Skills, interest, and hobbies: _____

What are your volunteer interests? _____

Availability:

Short term () special projects () long term ()

Hours: per week _____ per month _____

Type of work you would like (check all that apply):

_____ work with children _____ maintenance

_____ other

Time of work you prefer:

I am flexible _____ Prefer weekdays _____ Prefer weekends _____

Times during the week that I cannot volunteer: _____

Have you ever been convicted of a crime? Yes () No ()

If yes, please explain _____

Signature: _____

Date: _____