

## Volunteer Application Form\*

<b>Today's Date</b>		<b>Who or what prompted you to volunteer?</b>	
<b>Personal Data</b>			
<b>Name</b>		<b>Work Phone</b>	
<b>Street</b>		<b>Home Phone</b>	
		<b>Cell Phone</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>E-Mail Address:</b>		<b>Age</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>How did you hear about our agency?</b>		<b>Are you a US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you been convicted of a felony in the past 5 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if yes, please explain)</small>		<b>If you have a disability, what accommodations would you need to volunteer?</b>	
<b>In case of emergency notify</b>			
<b>Name</b>		<b>Relationship</b>	
<b>Address</b>		<b>Day Phone</b>	
<b>Employment Data</b>			
<b>Occupation:</b>			
<b>Employer:</b>		<b>Title:</b>	
<b>Employer Address:</b>		<b>My employer supports my community through:</b>	
<b>City/State/Zip:</b>		<input type="checkbox"/> A Corporate Volunteer Program	
<b>Phone:</b>		<input type="checkbox"/> A Matching Gift Program	
		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> Don't Know	
<b>References</b>			
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	

\* State law requires that a criminal background check be conducted on all individuals working with minors.

Education							
Completed High School?		Attended College? Where?					
Areas of Study							
Degree(s)							
Certificates and/or Licenses							
Previous Volunteer Experience							
Where did you volunteer and what did you do?							
Skills and Interests							
Hobbies, Interests, Skills							
Languages							
Special Training							
Volunteer Request and Availability							
Desired Program:							
Desired Position:							
Days available to volunteer:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time(s) of Day:							
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other							
For how long?	Short Term (3 – 6 Months)	Long Term (6 or more months)				Special Projects	