



Volunteer Services Volunteer Application

Today's Date _____

Last Name First Name Middle Initial

Current Address City Province Postal Code

Home Telephone Cell Telephone E-mail Address

Education/Special Training Highest Grade Level Completed

Employer's Name/School's Name Occupation/Academic Major

Are you at least 18 years of age? Yes ____ No ____

Do you have a First Aid? Yes ____ No ____

How did you hear about the Volunteer Services? _____

Are you required to volunteer? If yes, please explain

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. Yes ____ No ____ If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.



Volunteer Experience: (List most recent service positions)

Position: _____ Position: _____
Agency: _____ Agency: _____
Dates: _____ Date: _____

References: List two people other than relatives who would be willing to serve as personal references.

1.

Name	Telephone Number		
Street Address	City	Province	Postal Code
E-mail Address			

2.

Name	Telephone Number		
Street Address	City	Province	Postal Code
E-mail Address			

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name	Relationship		
Home Telephone Number	Business Telephone Number	Cellular Phone Number	



Please answer the following questions:

1. What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?

2. What would you like to get out of your volunteer experience? What would make you feel like you have been successful?

3. Have you ever volunteered? If yes, for what agency and what position?

4. Describe the agency and your volunteer responsibilities.

5. What have you enjoyed most about your previous volunteer position(s)?

6. What skills and qualities do you feel you have to contribute to Operation Motorsport?

7. Are you willing to commit to the requirements of the volunteer program?



Statement of Understanding: I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. I understand that I must be at least 18 years of age to volunteer at Operation Motorsport and if I am under the age of 18 years of age and/or attending high school I will need parental consent. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: _____ Date: _____

Parental Signature: _____ Date: _____