Volunteer Application Form

Contact Information

Name: _____ Phone: _____

Address: _____ City, State, ZIP: _____

Date of Birth: _____ Social Security Number: _____

Valid Driver's License: _____ Email: _____

Volunteer Position Information

What position are you applying for? _____

What skills can you contribute to the organization? _____

What experience do you have in this area? _____

What days will you be available? ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Th ☐ Fri ☐ Sat

What time of day are you available? _____

Education/Work Experience

Highest Level of Education: _____

Current Employer: _____

Personal References: 1. _____
(PLEASE LIST NAME AND CONTACT INFORMATION) 2. _____

Professional References: 1. _____
(PLEASE LIST NAME AND CONTACT INFORMATION) 2. _____

Emergency Contact Information

Emergency Contact: _____

Relation to Contact: _____

Phone: _____

All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer with our organization.

Have you ever been convicted of a felony or misdemeanor? ○ Yes ○ No

If yes, describe the conviction below. Please include the date of the crime and city, county and state where the crime took place.

_____

By signing below you agree that all information you have provided in this application are true to the best of your knowledge.

Signature _____ Date: _____