



Volunteer Application

Thank you for your interest in On The Spot Aid, Inc. The information you provide will help us place you in a volunteer position which best suits your interests and skills as well as the needs of our agency.

PERSONAL INFORMATION (Please Print)

Date of application: _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Telephone: _____

E-mail address: _____

Date of Birth: _____

Emergency contact: Name, relationship, contact number:

How were you referred to On The Spot Aid, Inc?

NOTE: Due to insurance regulations, we cannot accept volunteers less than 16 years of age without adult supervision.

AVAILABILITY

DAYS/TIMES _____

Are you interested in volunteering on a consistent basis? Yes Don't Know No

Volunteer position currently available:

Medical Team: Please attach current professional medical license

Companion Team: Basic human interaction and conversations

Inventory Team: Manage donations, restock go-bags

Fundraising Team: Learn and promote OTS



References

Name two people, not relatives or other applicants, who know you well.

Name Relationship to you, Address, Phone, Years known

Conviction Information

Have you ever been convicted of a felony in any state? Yes No

If yes, give date(s) and explain:

Have you been convicted of a misdemeanor within the past 5 years? Yes No

If yes, give date(s) and explain:

Please read carefully and sign the statement below

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after volunteering begins. I authorize the On The Spot Aid, Inc to make inquiries regarding my history and character of prior references, among others, and hereby release references from all liability in responding to inquiries in connection with my application and release On The Spot Aid, Inc from all liability with respect to such inquiries.

Signature: _____

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