



APPLICATION FOR VOLUNTEER SERVICES

Date: ___/___/___ Services to be Provided: *VOLUNTEER* Branch: HQ001SPFDMO

This application does not discriminate in securing volunteers on the basis based on race, color, religious creed, national origin, sex, or ancestry; or the basis of age non the basis of handicap of disability and other characteristics required by law. No question of this form is intended to secure information to be used for such discrimination.

Name: _____
Last First Middle

Residence: _____
Street City State Zip

Telephone Number: Home _____ Work _____ Are you 18 years of older? Yes () No ()

Date of Birth: ___/___/___ Social Security Number: _____ - _____ - _____

Occupation:

Employer Name Supervisor Name Phone Number

Describe your formal / informal training and experience pertinent to the volunteer services you would provide.

What do you hope to gain from volunteering?

Other Organization to which you have provided volunteer services?

Supervisor: _____ Phone: _____

WHEN is the best times for you to volunteer? Days & Times during the week?

TO BE COMPLETED BY ALL APPLICANTS

- Have you ever been convicted of any criminal offense other than the following?
Minor traffic violation fine \$500.00 or less: or offenses settled in juvenile court or under welfare youth offender law. Yes () No () If yes, please explain:

Once finished, please print, fill out, scan and send to agirllikeme417@gmail.com