

# Volunteer Application

Name of Local Council \_\_\_\_\_

City \_\_\_\_\_

## Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # (mandatory/not mandatory)

\_\_\_\_\_ Preferred Contact Location:  Home  Work

Valid Driver's License:  Yes  No

## Emergency Information

Special medical needs/conditions \_\_\_\_\_

Emergency procedures (if applicable) \_\_\_\_\_

## Emergency contact information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address \_\_\_\_\_

(street)

(city)

(state)

(zip)

## What is your availability to volunteer?

Monday Hours \_\_\_\_\_

Tuesday Hours \_\_\_\_\_

Wednesday Hours \_\_\_\_\_

Thursday Hours \_\_\_\_\_

Friday Hours \_\_\_\_\_

Weekends Hours \_\_\_\_\_

Start date \_\_\_\_\_

Hours needed \_\_\_\_\_

Completion date \_\_\_\_\_