

# Volunteer Application

<b><i>Personal Information</i></b>	
Name	
Street Address	
City, State, Zip Code	
Home and/or Cell Phones	
Work Phone	
E-Mail Address	
Birth Date	
Driver's License Number (required only if you will be driving agency vehicles at agency discretion) *Copy of driving record required if you will be using agency vehicles*	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (explain)	
	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	

<b><i>Availability</i></b>	
How long do you expect to volunteer?	
<input type="checkbox"/> Hours	<input type="checkbox"/> Months
<input type="checkbox"/> Days	<input type="checkbox"/> Whenever I am available
<input type="checkbox"/> Weeks	<input type="checkbox"/> Unknown
During which hours are you available for volunteer assignments?	

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings *rarely occurs*
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons *rarely occurs*
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

<b><i>Interests</i></b>	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Administration	<input type="checkbox"/> Field Work
<input type="checkbox"/> Community Service	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Special Events	<input type="checkbox"/> Youth Services

<b><i>Special Skills or Qualifications</i></b>
Summarize any special skills and/or qualifications that you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

<b><i>Previous Volunteer Experience</i></b>
Have you volunteered with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what did you do? What program?
Summarize your previous volunteer experience(s).

<b><i>Person to Notify in Case of Emergency</i></b>
Name
Street Address
City, State, Zip Code
Home Phone
Work Phone
E-Mail Address

***Agreement and Signature***

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

***Our Policy***

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sex, gender identity, sexual preference, age, or disability. In all cases (employees, trainees, and volunteers) a refusal to submit immediately to a drug or alcohol test gives CAPUP the right to withdraw its offer.

Thank you for completing this application form, and for your interest in volunteering with us.