

Name/Last _____ First _____ Middle _____
(Use legal name)
Address _____ Apt. # _____
City _____ State _____ Zip _____
Phone Number (____) _____ Date of Birth _____ Email _____
(Month/Day)

Physical Limitations _____
(Be specific; if none, write none)

Your availability:

Hours per week/Month _____ Preferred Days _____

Note: Vaughn-Trent's regular hours are Mondays, Wednesdays, & Thursday from 10am- 1pm. Wednesday 3pm-5pm Occasionally, we have events outside these hours.

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____ Relationship _____ Day Phone (____) _____

DRIVING INFORMATION

If you will be driving for VTCS to pick up food, deliver to clients, etc.

A valid driver's license and proof of insurance is required. Please submit copies to our office or bring the documents in person so that we may make a copy.

Yes _____ No _____

I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

- | | | |
|--------------------------|-------------------|--|
| <input type="checkbox"/> | Clerical | (telephone, reception, filing, etc.) |
| <input type="checkbox"/> | Technical | (computer, phone, software, etc.) |
| <input type="checkbox"/> | Pantry | (stocking shelves, preparing sacks for clients, etc.) |
| <input type="checkbox"/> | Cleaning | (sweeping/vacuuming floors, bathroom, wiping surfaces, etc.) |
| <input type="checkbox"/> | Recycling | (breaking down boxes, organizing sacks, etc.) |
| <input type="checkbox"/> | Personal | (greeting, processing, and assisting clients) |
| <input type="checkbox"/> | Pickup / Delivery | (from vendors/donors and/or to clients' homes) |
| <input type="checkbox"/> | Other Skill Sets | _____ |

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Vaughn-Trent to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

Date

Volunteer Signature

Printed Name

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Vaughn-Trent. I also give Vaughn-Trent my consent to obtain any emergency medical treatment necessary for the safety of my child.

Date

Parent or Guardian Signature

Printed Name

Vaughn-Trent acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.