

Springfield Family Center

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Springfield, VT 05156
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FAX: (802) 885-7245
www.spfldfamilyctr.com

VOLUNTEER APPLICATION

DATE: _____

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

AVAILABILITY: (DATES & TIMES):

AREAS OF EXPERIENCE/ WHAT YOU WOULD LIKE TO DO VOLUNTEERING:

ARE THERE CERTAIN TASKS YOU CANNOT PERFORM?:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (PLEASE EXPLAIN NATURE OF CRIME, STATE OF OCCURANCE AND WHEN IT HAPPENED):

VOLUNTEER SIGNATURE

DATE
