GREAT FUTURES START HERE.



VOLUNTEER APPLICATION Personal Information

Name:	Middle Initial	Last	
Address:		Last	
Street	City/State	Zip Code	
Phone:	Email:		
Social Security Number:	Dat	e of Birth:	
	Experience		
Current Employer:	·		
Location:	Pł	none:	
Position:			
Duties:			
dites.			
Please list any previous volunteer	avnarianca.		
riease list any previous volunteer	experience.		
	Education/Specialized Tra	aining	
Please list your highest level of edu	cation or specialized training.		
Location:			
Field of Study:			
Graduated/Degree Received? Yes	No		
	Areas of Interest		
Please select the areas you are inte Elementary (K-4 th) Art	erested in volunteering: Science Teen (5 th	r-12 th) Art	Science
Sports (please specify):			
Garden:			
Other:			
Why do you want to volunteer wit		stern Lane County?	
The state of the s	in the boys a diris dias of the	Stern Lane County.	
1501 Airport F	Rd. Florence OR 97439 (541) 902-0	0304 www.bgcwlc.org	

	<u>References</u>
Please list three professional refe	rences that are not related to you.
Name:	Relationship:
Company:	
Phone:	Email:
Name:	Relationship:
Company:	
	Email:
Name:	Relationship:
Company:	
Phone:	Email:
I understand that omission of any for immediate denial of application	information or providing false information on this application will be grounds
Date Contacted:	FOR OFFICE USE ONLY Interview Date:
Date Hired:	On Boarding Complete:
Applicant Check In Dates:	
Reference #1:	
Reference #2:	
Reference #3:	