



Serve. Support. Heal.

## VOLUNTEER APPLICATION

Attach minimum of one letter of recommendation as well as letter of interest.  
Applications are held for one year.

Circle the position applying for:

**General volunteer**      **Therapy dog team**      **Event planner**      **Committee member**

**Peer supporter**      **Grant writer**      **Chaplain**      **Licensed Clinician**

**Board member**      **Other:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

### Applicant Information

|                 |  |               |       |
|-----------------|--|---------------|-------|
| Full name:      | _____                                    | Date:         | _____ |
|                 | <i>Last</i> <i>First</i> <i>M.I.</i>     |               |       |
| Address:        | _____                                    | Phone:        | _____ |
|                 | <i>Street address</i> <i>Apt/Unit #</i>  |               |       |
|                 | _____                                    | Email:        | _____ |
|                 | <i>City</i> <i>State</i> <i>Zip Code</i> |               |       |
| Date Available: | _____                                    | Availability: | _____ |

## References

Please list three professional references.

|            |  |                |  |
|------------|--|----------------|--|
| Full name: |  | Relationship : |  |
| Company :  |  | Phone:         |  |
| Address:   |  | Email:         |  |
| Full name: |  | Relationship : |  |
| Company :  |  | Phone:         |  |
| Address:   |  | Email:         |  |
| Full name: |  | Relationship : |  |
| Company :  |  | Phone:         |  |
| Address:   |  | Email:         |  |

## Previous Employment

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| Company<br>:   |  | Phone:                       |                             |
| Address:   |  | Supervisor:                  |                             |
| Job title:   |  | From:                        | To:                         |
| Responsibilities:  |  |                              |                             |
| May we contact your previous supervisor for a reference? |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

  

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| Company<br>:   |  | Phone:                       |                             |
| Address:   |  | Supervisor:                  |                             |
| Job title:   |  | From:                        | To:                         |
| Responsibilities:  |  |                              |                             |
| May we contact your previous supervisor for a reference? |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

  

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| Company<br>:   |  | Phone:                       |                             |
| Address:   |  | Supervisor:                  |                             |
| Job title:   |  | From:                        | To:                         |
| Responsibilities:  |  |                              |                             |
| May we contact your previous supervisor for a reference? |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Military Service

|         |       |   |       |     |       |
|---------|-------|---|-------|-----|-------|
| Branch: | _____ | From:                                     | _____ | To: | _____ |
| Rank:   | _____ | Are you currently active in the military? | _____ |     |       |

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|            |       |       |       |
|------------|-------|-------|-------|
| Signature: | _____ | Date: | _____ |
|------------|-------|-------|-------|