



VOLUNTEER APPLICATION

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Date of Birth: _____

Occupation: _____ Employer: _____

Current job responsibilities and schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

How many hours per week are you available? _____ Days _____ Evenings _____
Weekends

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____ Number _____

Do you have auto liability insurance? (list policy limits and name of carrier) _____

Why would you like to volunteer as a worker with adults with special needs, children and/or youth?

What qualities do you have that would help you work with adults with special needs, children and/or youth? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? No Yes **If yes, please explain fully:** _____

Would you be available for periodic volunteer training sessions? No Yes

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

1. Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____
Relationship to reference: _____

Signature of Applicant

Date