

VOLUNTEER APPLICATION FORM

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Previous Volunteer Experience

Occupation (Past occupation if retired):

_____ Other information that will help us
make a good match (such as education, general interests/hobbies) _____

Languages Spoken:

Availability and Volunteer Assignment

Preferences Please Check All That Are Applicable:

I Am Available ☐ Mornings (Mon-Fri) ☐ Afternoons (Mon-Fri) ☐ Evenings (Mon-Fri)
☐ Weekends ☐ Once A Week ☐ More Than Once A Week
☐ One Time Only ☐ As Needed ☐ OTHER

I Could Serve More Than One Person: ☐ Yes ☐ No

Do You Have A Valid (State) Driver's License? ☐ Yes ☐ No

License Number: _____ Vehicle License Plate Number _____ Insurance
Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? ☐ Yes ☐ No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? ☐ Yes ☐ No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature Of Applicant

Date