

Volunteer Application Form

Contact Information

Name: _____ Phone: _____
Address: _____ City, State, ZIP: _____
Date of Birth: _____ Social Security Number: _____
Valid Driver's License: _____ Email: _____

Volunteer Position Information

What position are you applying for? _____
What skills can you contribute to the organization? _____
What experience do you have in this area? _____
What days will you be available? Sun Mon Tue Wed Th Fri Sat
What time of day are you available? _____

Education/Work Experience

Highest Level of Education: _____
Current Employer: _____
Personal References: 1. _____
(PLEASE LIST NAME AND CONTACT INFORMATION) 2. _____
Professional References: 1. _____
(PLEASE LIST NAME AND CONTACT INFORMATION) 2. _____

Emergency Contact Information

Emergency Contact: _____
Relation to Contact: _____
Phone: _____

All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer with our organization.

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, describe the conviction below. Please include the date of the crime and city, county and state where the crime took place.

By signing below you agree that all information you have provided in this application are true to the best of your knowledge.

Signature _____ Date: _____