

VOLUNTEER APPLICATION

Volunteer Position Applying For: _____

Name: _____ Phone #: _____

Address: _____

City: _____ Zip _____ Cell # _____

Email Address: _____

Languages Spoken: _____

Certifications/Special Skills or Talents: _____

Health restrictions: _____

Are you over age 18? Yes No

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

If yes, please describe: _____

If position requires transportation:

Driver's License #	Expiration Date
Insurance Company	
Make/Model of Vehicle	License Plate #

Current/Past Employer or Volunteer Experience:

Name of Organization/Business	Name of Organization/Business
Address	Address
Dates	Dates
Supervisor	Supervisor
Phone #	Phone #

EMERGENCY CONTACTS:

Name	Name
Relationship	Relationship
Phone #	Phone #

I certify by my signature that the above information is accurate to the best of my knowledge.

Signature _____ Date _____

Completion of this application does not guarantee acceptance to program.
If under 18, signature by a parent/guardian is required to volunteer

Signature _____ Date _____
(Parent/Guardian)