

## **VOLUNTEER APPLICATION FORM**

SECTION I		Date			
Name					
Address		Cit	У	State	Zip
Home Phone:	Work	Phone:	E-mail:		
SECTION II					
Previous Volunteer E	Experience				
Occupation (Past occu	upation if retired):				
Other information the	at will help us make a g	ood match (such a	s education, gener	al interests/hobbie	es)
Languages Spoken: SECTION III					
Availability and Volur	nteer Assignment Pret	ferences			
Please Check All That A	re Applicable:				
I Am Available	<ul> <li>Mornings (Mon-Fr</li> <li>Weekends</li> <li>One Time Only</li> </ul>	Once A	Week	_	an Once A Week
I Could Serve More	Than One Person:	🗌 Yes 🗌	] No		
SECTION IV					
License Nu	id (State) Driver's Lice	Vehicle Lice			
Insurance	Company:		Policy #	#:	
Have You Ever Been	Convicted For Violatio	n Of Any Laws, T	Fraffic Or Othe	erwise?	Yes 🗌 No
If Yes, Please Explai	n:				
Do You Have Any P	hysical Condition that N	Aay Limit Your A	ctivities? [	Yes	No

Who To Notify In Case Of An Emergency?	
Telephone Number:	

## SECTION V [References]

Please list three persons we may call who are <u>NOT</u> 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