



VOLUNTEER APPLICATION FORM

Name: _____ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

ABOUT YOU

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Administrative/Clerical Event Planning/Organization Mentoring/Teaching
 IT/Web Marketing/Graphics Other: _____

Is there a person or group you particularly want to work with? (Check all that apply)

- Toddlers Children Teens Young Adults
 Adults Seniors Other: _____

Highest Degree Achieved:

- High School/GED Undergraduate Graduate Other

Current Status:

- Student Parent Retired
 Employed, occupation: _____

List skills/talents/abilities that would make you a good volunteer: _____

AVAILABILITY

How many hours do you want to volunteer per week? _____

Indicate your ideal volunteer schedule. (Check, Circle & Fill-in all the info that applies)

- Weekdays: Mon / Tue / Wed / Thrs / Fri Times: _____
 Evenings: Mon / Tue / Wed / Thrs / Fri Times: _____
 Weekends: Sat / Sun Times: _____

Do you have a valid driver's license? Yes No

Do you have access to a car to do volunteer work? Yes No Occasionally

Have you volunteered/worked here before? No Yes, when? _____

How did you hear about us?

- Referred by employee/volunteer Website Other _____