

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Volunteer Position Considering	Availability		
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
What Hours Are You Available to Work?			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Special Interests and Hobbies			
Do you have your own transportation?	Valid Driver's License?	Liability Insurance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DL #: _____		
How many hours per week are you available to volunteer? Days _____ Evenings _____ Weekends _____			
Can you make a one-year commitment to this volunteer role?			
Why would you like to volunteer as a worker with children and/or youth?			