

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Other) _____

Emergency contact: _____ Phone: _____

Medical Conditions to be aware of: _____

I. Skills and Interests

1. Educational Background: _____

2. Current occupation: _____

3. Hobbies, skills, interests: _____

4. Previous volunteer experience: _____

5. What is your experience working with children or individuals with special needs?

II. Preferences in Volunteering

1. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

No preference Teens Children Females Males

Siblings Special Needs Medically Fragile

2. Are there any groups in which you would *not* feel comfortable working?

No Yes: _____

III. Availability

1. At what times are you interested in volunteering?

- Every other month Twice a month Once a month
 Every Friday Flexible Other: _____

2. Do you have access to an automobile you can use for volunteer work?

- Yes No

IV. Background Verification

1. Have you been convicted of a criminal offense?

- Yes No

2. Have you ever been charged with neglect, abuse, or assault?

- Yes No

3. Has your driver's license been revoked or suspended in any state?

- Yes No

4. Do you use illegal drugs?

- Yes No

5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- Yes No

Please list two non-family references that we might contact:

a. _____ Phone: _____

b. _____ Phone: _____

7. How did you hear about us? _____

8. Optional additional comments: _____

Signature _____ Date _____