

# VOLUNTEER APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HP \_\_\_\_\_ WP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMPLOYED? \_\_\_\_\_ IF YES, WHAT ARE YOUR HOURS? \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

DOES YOUR COMPANY/ORGANIZATION HAVE A NEWSLETTER? Yes \_ No \_

EMERGENCY CONTACT PERSON \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR OUR ORGANIZATION? \_\_\_\_\_

**PREVIOUS OR PRESENT VOLUNTEER JOBS:**

Title \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Duties \_\_\_\_\_

Title \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Duties \_\_\_\_\_

**REFERENCES (Give names/addresses of 3 persons [not relatives] having knowledge of your character, experience and ability)**

NAME	ADDRESS/CITY	PHONE

## SKILLS AND INTERESTS

Education Background: \_\_\_\_\_  
Current Occupation: \_\_\_\_\_  
Hobbies, Interests, Skills: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Working one-one with youth  | <input type="checkbox"/> Working directly with a staff person as an assistant |
| <input type="checkbox"/> Leading a small group       | <input type="checkbox"/> Doing public speaking, Fundraising, etc.             |
| <input type="checkbox"/> Doing an individual project | <input type="checkbox"/> Coaching, teaching, demonstrating                    |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> No preference  |

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

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Adults Males  | <input type="checkbox"/> Females     |
| <input type="checkbox"/> Teens         | <input type="checkbox"/> Children    |
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Other _____ |

Are there any groups you would not feel comfortable working with?

No  Yes Explain \_\_\_\_\_

## AVAILABILITY

At what times are you interested in volunteering?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I am flexible   | <input type="checkbox"/> Prefer weekdays | <input type="checkbox"/> Prefer evenings |
| <input type="checkbox"/> Prefer weekends | <input type="checkbox"/> Prefer days     | <input type="checkbox"/> Other           |

There are times during a week that I cannot do volunteer work: \_\_\_\_\_

Do you have a geographic preference as to where you would like to volunteer?

No  Yes Explain \_\_\_\_\_

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

No  Yes  Occasionally

How did you hear about us?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Media/Advertisement | <input type="checkbox"/> Referred by friend/Volunteer | <input type="checkbox"/> From club member |
| <input type="checkbox"/> Volunteer Bureau    | <input type="checkbox"/> Other                        |   |

## SIGNATURE

Received by \_\_\_\_\_ Date \_\_\_\_\_  
Referred to \_\_\_\_\_ Club \_\_\_\_\_  
Orientation Date \_\_\_\_\_ Started (Date) \_\_\_\_\_