



VOLUNTEER APPLICATION

Today's Date: _____

Last Name: _____ First Name: _____

Current Address: _____

Home Telephone: _____ Cell Phone: _____

How did you hear about the Volunteer Services Department?

Referral Friend Media School Other

Volunteer Position, if applicable: _____

Proposed Start Date: _____ Proposed End Date: _____

Duration of Volunteer Services:

One Time: _____ 1-3 Months: _____ More than 3 Months: _____ Other: _____

Are you required to volunteer? If yes, please explain:

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. _____ YES _____ NO

If you answered yes, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Volunteer Experience (List most recent service positions)

Position: _____

Agency: _____

Dates: _____

Position: _____

Agency: _____

Dates: _____

References: List two people other than relatives who would be willing to serve as personal references.

1. Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

2. Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Emergency Contact: In the event of an emergency, please list the person you would want notified:

Name	Relationship
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Home Telephone	Cell Phone Number
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Statement of Understanding:

I certify that all information is true and has been voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. I understand that if I am under the age of 18 years of age/and or attending high school, I will need parental consent. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: _____ Date: _____

Parental Signature (if applicable): _____