



Volunteer Application

Please print

First Name Last Name
Address..... City/State/Zip.....
Telephone Email
Date of Birth

Personal Information (please circle correct response):

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

High School Graduate College Business Graduate School Technical/Vocational

Former work/occupation Most recent employer (optional)

Previous volunteer experience.....

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1.....
2.....
3.....

Languages Fluent Read Write 1..... 2

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Days per week: **Monday Tuesday Wednesday Thursday Friday No Preference**

If for a specific event how many hours can you volunteer: **1-2 hours 3-4 hours 4-5 hours**

Transportation: (How will you get to your assignment) Public Trans. Walk Bus/Van Taxi/Car Svc Car

In an emergency, notify:

First Name Last Name
Address.....City/State/Zip.....
Telephone

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

(Signature/Volunteer)

(Date)

(Signature/Staff)

(Date)