

VOLUNTEER APPLICATION FORM

(volunteer position title)

SECTION I

Date _____

Name _____

Address _____ City _____ State _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once A Week
 One Time Only As Needed OTHER

I Could Serve More Than One Person: Yes No

SECTION IV

Do You Have A Valid Driver's License? Yes No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: _____