

Volunteer Application



Contact Information		Date: _____	
Name		Age 16 or older?	YES NO
Street Address			
City ST ZIP Code			
Home Phone		Other Phone	
E-Mail Address			
Emergency Contact			

Availability		
During which hours are you available for volunteer assignments?		
____ Weekday mornings	____ Weekday afternoons	____ Weekends

Previous Volunteer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where:

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Background
Have you ever pled "guilty", "no contest", or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates and details:

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize you to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for volunteer decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.	
Name (printed)	
Signature	
Date	

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
Thank you for completing this application form and for your interest in volunteering with us.