

VOLUNTEER APPLICATION

CONTACT INFORMATION		Date:			
Name				Age	
Street Address					
City, State, 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			
Previous Volunteer Experience: Yes 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.					
Hobbies of sports.					
D. evenous					
BACKGROUND					
Have you ever pled "guilty", "no contest", or been convicted of a crime? ☐ Yes ☐ 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 **P**OLICY

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.