

Volunteer Application:

| Name: | | | |
|--------------------|---|---------------------|--|
| Address: | | | |
| City: | State: | Zip: | |
| Home phone: | Cell phone: | email: | |
| Birthday (mm/dd): | | | |
| Education: | Current profess | Current profession: | |
| Emergency Inform | ation: | | |
| Name: | Relationship: | Phone: | |
| Name: | Relationship: | Phone: | |
| Previous volunteer | experience: | | |
| How did you hear | about us? | | |
| Why did you decid | e to volunteer with us? | | |
| What do you think | makes you a good fit for volunteering with us | ? | |
| What positions are | e you interested in? | | |
| Your availability: | | | |
| Monday | 10am – 1 pm or 2pm – 5pm | | |
| Tuesday | 10am – 1 pm or 2pm – 5pm | | |
| Wednesday | 10am – 1 pm or 2pm – 5pm | | |
| Thursday | 10am – 1 pm or 2pm – 5pm | | |
| Have you ever wor | ked or volunteered for our organization? No | Yes If yes, when: | |
| Have you ever bee | n convicted of a felony? No Yes If yes, expla | ain: | |
| | | | |
| Candidate signatur | re: | Date: | |