



Volunteer Application

Please Print

Date of application: _____ Are you over 18? Yes No DOB: _____

Name: _____
First Name Last Name M.I.

Address: _____
Street City State Zip

Phone #: _____ Mobile _____ E-Mail: _____

Positions working with youth require fingerprinting:

Are you willing to be fingerprinted? Yes No

Time of Year Available (check all that apply):

Year Round Fall Semester Spring Semester Summer Other _____

Days Available (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time Available (check all that apply):

Mornings Afternoons Evenings

Your Area(s) of Interest

Check all that apply:

Administrative In-Person Administrative Remote Advocate Ambassador
 Delivery & Transportation On-Call Resource Closet

Any special training, skills, licenses, and/or certificates: _____

Other organizations you have volunteered with: _____

Employment Experience

Start with your present or last job

Employer: _____ Date Employed: From _____ To _____

Address: _____

Supervisor Name: _____

Phone: _____ Okay to Contact? Yes No

Job Position/Work Performed: _____

Employer: _____ Date Employed: From ____ To ____

Address: _____

Supervisor Name: _____

Phone: _____ Okay to Contact? Yes No

Job Position/Work Performed: _____

Employer: _____ Date Employed: From ____ To ____

Address: _____

Supervisor Name: _____

Phone: _____ Okay to Contact? Yes No

Job Position/Work Performed: _____

Educational Background

Name of School	Year Graduated	Course of Study/Degree
High School		
College		
Other		

References

List name and telephone number (required) of three references who are *not related* to you.

First, Last Name	Indicate Professional or Personal	Company Name	Email	Telephone	# of years known

