

Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cellular Phone	
E-Mail Address	

Work Experience	
Occupation	
Current Employer	
Job Responsibilities	

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.

Personal	
How many hours per week are you available to volunteer?	
Can you make a one-year commitment to this volunteer role?	
Do you have your own transportation?	
Do you have a valid driver's license?	
Why would you like to volunteer as a worker with children and/or youth?	
Would you be available for periodic volunteer training sessions?	

How were you parented as a child?	
How do you discipline your own children?	
Have you ever been exposed to an incident of child abuse or neglect?	
If yes, how did you feel about the incident?	
Medical	
List any medical condition that might hinder you in activities for which you are volunteering:	
List any known allergies and medications	
Emergency Contact:	Phone #:
Medical Doctor:	Phone #:
Insurance Carrier:	Policy #:

References – Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

Name	
Address	
Daytime Phone	
Evening Phone	
Relationship to reference	
Name	
Address	
Daytime Phone	
Evening Phone	
Relationship to reference	
Name	
Address	
Daytime Phone	
Evening Phone	
Relationship to reference	

Signature of Applicant – I affirm that the facts set forth in this application are true and complete.

Name (printed)	
Signature	
Date	