

Volunteer Application

Please Print

First Name _____ Last Name _____
Address _____ City/State/Zip _____
Telephone _____ Social Security # _____
Date of Birth _____ Spouse's Name _____

Personal Information (please circle correct response):

Gender: Male Female

Physical limitations: No Yes (Please Explain)

Education (highest level completed)

Grades: 1-5 6-9 11-12 College Graduate School Technical/Vocational

Former work/occupation _____ **Most recent employer** _____

List previous volunteer experience _____

In what area are you seeking to volunteer? _____

Skills (List your skills and indicate whether you are one of the following: Basic/Proficient/Advanced)

1. _____
2. _____

Volunteer availability: (Circle all applicable)

Number of days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday

In case of an emergency, notify:

First Name _____ Last Name _____
Address _____ City/State/Zip _____
Telephone _____

Volunteers hereby agree to work under the directive of the School Principal or Department Supervisor of the position in which they serve. Volunteers agree to serve any client who is assigned regardless of race, sex, creed, or national origin. Volunteers understand that they must submit to having a background check, and that upon receipt of results of the aforementioned background check, must not have any felonies or charges that are sexual in nature. Felonious and/or sexual charges may warrant immediate termination of services.

Signature of Volunteer

Date

Signature of Principal/Department Head

Date