

# Volunteer Application



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
<b>Emergency Contact</b>	<b>Phone:</b>
<b>Birthday</b>	

## Availability

During which hours are you available for volunteer assignments?

☐ Weekday mornings      ☐ Weekend mornings  
☐ Weekday afternoons      ☐ Weekend afternoons

## Interests

Tell us in which areas you are interested in volunteering

☐ Administration  
☐ Events  
☐ Food Pantry  
☐ Fundraising  
☐ Thrift Store  
☐ Computer Class  
☐ Other

## 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.

Have you been convicted of a felony or released from prison within the last seven (7) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?

Yes \_\_\_\_ No \_\_\_\_

**If yes, please explain:**

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**Who referred you to us?**

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**Have you volunteered before? \_\_\_\_\_ If yes, then where and for how long?**

**Are you currently employed? \_\_\_\_\_ If yes, then where? \_\_\_\_\_**

**References (no family members please)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

**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.

Name (printed)	
Signature	
Date	

**Our Policy**

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. **A back ground check may be performed.**

Thank you for completing this application form and for your interest in volunteering with us.

FOR OFFICE USE ONLY	
Identification Presented	
Identification Presented	
DATE OF BIRTH:	
Received By:	
INTERVIEWED BY:	
DATE:	