

VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
                  street                  city                  state zip code

Birthday: \_\_\_\_\_  
                                  month                                  day

In case of emergency notify: \_\_\_\_\_ relationship: \_\_\_\_\_

Hours available: \_\_\_\_\_

Days available: \_\_\_\_\_

What kind of volunteer work are you most interested in? \_\_\_\_\_

\_\_\_\_\_

List any special training, skills, or interests that would help your volunteer work:

\_\_\_\_\_  
\_\_\_\_\_

List previous volunteer experience: \_\_\_\_\_

Education: \_\_\_\_\_

Can you provide your own transportation? \_\_\_\_\_

Do you have liability insurance? \_\_\_\_\_

Do you have any disabilities that we should make special arrangements for? \_\_\_\_\_

\_\_\_\_\_

Where did you find out about our program? \_\_\_\_\_