



Volunteer Application Form

Name: _____
 Address: _____ City: _____ State: _____ ZIP: Code _____
 Phone (Day): _____ (Evening): _____
 E-Mail Address: _____
 Emergency Contact: _____ Phone: _____
 Past Volunteer Experience (include organization/agency, position, supervisor phone/e-mail):

Employment (include most recent company, position, supervisor phone/e-mail):

Desired Schedule (check days and times available)

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Morning (9 a.m. to noon) |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Afternoon (noon to 4 p.m.) |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Evening (4 to 8 p.m.) |
| <input type="checkbox"/> Thursday | | |

Frequency of volunteer availability (e.g., weekly, semiweekly, monthly): _____
 Why do you want to volunteer with this organization? _____

How would you like to help this organization? _____

What are your hobbies, interests, and skills? _____

Education/Credentials (if over 18 years, start with high school)

School	Date	Degree	Location

References: Give the name, address, and phone/e-mail of three non-family members who can provide references on your ability to perform this volunteer position.

1. _____
2. _____
3. _____