



# VOLUNTEER APPLICATION

Department interested in volunteering with: \_\_\_\_\_

PLEASE PRINT OR TYPE AND USE DARK INK. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

## VOLUNTEER INFORMATION

NAME (LAST, FIRST, MIDDLE)		NAME CALLED BY	DATE APPLICATION COMPLETED
STREET ADDRESS		YRS. AT THIS ADDRESS	DRIVER'S LICENSE # / STATE
MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	EMAIL ADDRESS:	
HAVE YOU BEEN EMPLOYED PREVIOUSLY BY THIS EMPLOYER?	___ YES ___ NO	IF YES, WHEN AND WHAT POSITION	
ARE YOU 18 YEARS OF AGE OR OVER?	___ YES ___ NO		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING DISHONESTY OR FRAUD?	___ YES ___ NO	IF YES, PLEASE EXPLAIN	
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?	___ YES ___ NO	IF YES, PLEASE EXPLAIN	

## EDUCATION

CIRCLE HIGHEST YEAR EDUCATION COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

GRADUATE FROM HIGH SCHOOL? \_\_\_ YES \_\_\_ NO GED? \_\_\_ YES \_\_\_ NO

NAME AND LOCATION OF HIGH SCHOOL:

SCHOOLS ATTENDED AFTER HIGH SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR SUBJECTS STUDIED	CHECK LAST YEAR COMPLETED	NO. OF CREDIT HRS. COMPLETED		GRADUATE? YES / NO	DEGREE REC. (TYPE)
				QTR	SEM		
COLLEGE			_1_2_3_4				
COLLEGE			_1_2_3_4				
OTHER			_1_2-_3_4				

ADDITIONAL COURSES OR GRADUATE STUDIES

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## EMPLOYMENT / VOLUNTEER HISTORY

**BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, THOROUGHLY DESCRIBE YOUR WORK EXPERIENCE. LIST EACH JOB SEPARATELY, INCLUDING PAID, UNPAID, AND/OR MILITARY EXPERIENCE.**

EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	
DUTIES (BE SPECIFIC)		TOTAL TIME _____ (YEARS) (MONTHS)
		HOURS/WEEK _____
		PAID ___ UNPAID ___
MAY WE CONTACT? ___ YES ___ NO	REASON FOR LEAVING	START SALARY _____ (MONTH)
		LAST SALARY _____ (MONTH)

EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	
DUTIES (BE SPECIFIC)		TOTAL TIME _____ (YEARS) (MONTHS)
		HOURS/WEEK _____
		PAID ___ UNPAID ___
MAY WE CONTACT? ___ YES ___ NO	REASON FOR LEAVING	START SALARY _____ (MONTH)
		LAST SALARY _____ (MONTH)

EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	
DUTIES (BE SPECIFIC)		TOTAL TIME _____ (YEARS) (MONTHS)
		HOURS/WEEK _____
		PAID ___ UNPAID ___
MAY WE CONTACT? ___ YES ___ NO	REASON FOR LEAVING	START SALARY _____ (MONTH)
		LAST SALARY _____ (MONTH)

