



VOLUNTEER APPLICATION

Position interested in: _____

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHAT POSITION	
ARE YOU 18 YEARS OF AGE OR OVER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN	

EDUCATION

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			<input type="checkbox"/> 1-- <input type="checkbox"/> 2-- <input type="checkbox"/> 3-- <input type="checkbox"/> 4				
COLLEGE			<input type="checkbox"/> 1-- <input type="checkbox"/> 2-- <input type="checkbox"/> 3-- <input type="checkbox"/> 4				
OTHER			<input type="checkbox"/> 1-- <input type="checkbox"/> 2-- <input type="checkbox"/> 3-- <input type="checkbox"/> 4				
ADDITIONAL COURSES OR GRADUATE STUDIES							

ADDITIONAL INFORMATION

WHAT ARE YOUR PLANS FOR THE FUTURE?

ARE THERE ANY OTHER SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK IN THIS POSITION?

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT 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) TO _____ (MONTH) (YEAR) TOTAL TIME _____ (YEARS) (MONTHS) HOURS/WEEK _____ PAID <input type="checkbox"/> UNPAID <input type="checkbox"/>
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	
DUTIES (BE SPECIFIC)		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	

EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR) TO _____ (MONTH) (YEAR) TOTAL TIME _____ (YEARS) (MONTHS) HOURS/WEEK _____ PAID <input type="checkbox"/> UNPAID <input type="checkbox"/>
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