

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 CALLE		ILLED BY	DATE APPLICATION COMPLETED			
STREET ADDRESS						YRS. AT THIS ADDRESS		DRIVER'S LI STATE	DRIVER'S LICENSE # / STATE	
MAILING ADDRESS						STATE		ZIP		
HOME PHONE		BUSINESS PHONE		•	EMAIL ADDRESS:					
() HAVE YOU BEEN EMPLOYED PREVIOUSLY BY THIS EMPLOYER?				0	IF YES, WHEN AND	WHEN AND WHAT POSITION				
ARE YOU 18 YE OVER?	EARS OF AGE OR	YES NO								
	R BEEN DR FORCED TO ANY EMPLOYMENT?				IF YES, PLEASE EX	IF YES, PLEASE EXPLAIN				
			ED	UCA	TION					
HIGHEST YEAR	EDUCATION COMPLE	TED: 🗌 1]6 🗌 7	□8 □9 □10 □11 [12 🗌 13	14 15		3 19 20	
GRADUATE FR	OM HIGH SCHOOL? 🗌	YES [NO GED?							
NAME AND LO	CATION OF HIGH SCHO	OL:								
SCHOOLS ATTENDED AFTER HIGH SCHOOL	NAME AND LOCATIO SCHOOL	ON OF	MAJOR SUBJEC STUDIED	rs	CHECK LAST YEAR COMPLETED			GRADUATE? YES / NO	DEGREE REC. (TYPE)	
COLLEGE					1_2_3_4					
COLLEGE					□1□2□3□4					
OTHER					□1□2□3□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_		
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER		(MONTH)	(YEAR)
		то		
DUTIES (BE SPECIFIC)			(MONTH)	(YEAR)
		TOTAL		
		TIME		
			(YEARS)	(MONTHS)
		HOURS	WEEK	
		PAID 🗌	UNPAIE	
MAY WE CONTACT?	REASON FOR LEAVING			

EMPLOYER	ADDRESS			
		FROM_		
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	то	(MONTH)	(YEAR)
DUTIES (BE SPECIFIC)		TOTAL	(MONTH)	(YEAR)
			(YEARS)	(MONTHS)
		HOURS	WEEK	
		PAID 🗌]
MAY WE CONTACT?	REASON FOR LEAVING	-		

EMPLOYER	ADDRESS			
		FROM		
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	TO	(MONTH)	(YEAR)
		то		
DUTIES (BE SPECIFIC)		TOTAL	(MONTH)	(YEAR)
			(YEARS)	(MONTHS)
		HOURS	WEEK	
		PAID 🗌	UNPAID	
MAY WE CONTACT?	REASON FOR LEAVING			

Please tell us why you are volunteering for this particular position and what interests you about this field of employment?					

EMERGENCY CONTACT					
NAME AND RELATIONSHIP	PHONE THEY CAN BE REACHED AT				

By my signature below,

- (1) I certify that all answers and statements on this application to be true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers or omissions, my application may be rejected, my name removed from consideration.
- (2) I hereby authorize information from my former employers and others in determining my qualifications and suitability to fill the position I seek, including information of a confidential or privileged nature. I release the employer from liability that may result from obtaining the information requested for the purpose specified herein. This release will expire one year after the date it is signed.
- (3) I understand and agree that there may be a criminal history background and a driving record check.

Signature _____

Date

Note: Unsigned applications will not be processed.