



VOLUNTEER APPLICATION

Name _____ Spouse First Name _____
Address _____ Phone _____
Business Address _____ Phone _____

Marital Status: (Circle) S M W D AGE: (Circle) 18-35 36-54 55-64 65+

Occupational Experience _____
Volunteer Experience _____
Education or Special Training _____
Why do you want to be a Volunteer? _____

Preferred Day for Volunteer Activities __ Mon __ Tues __ Weds __ Thurs __ Fri __ Sat __ Sun
Preferred Time of Day: __ Morning 8:00-12:00 __ Afternoon 12:00-4:00 __ Even. 5:00-8:00

Are there any months, weeks, or days of the year when you cannot be scheduled? If so, please list: _____

Person to contact in case of illness or injury while on duty:
Name _____ Phone _____
Address _____ Relationship _____

References (Please do not list relatives)
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Please list any limitations we need to accommodate _____
Would you be interested in helping coordinate the volunteer program __ Yes __ No
Signature _____ Date _____

Return form to below address