



**VOLUNTEER APPLICATION**  
(PLEASE PRINT)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of birth: \_\_\_\_\_

What school do you attend?

\_\_\_\_\_

What grade or year are you in?

\_\_\_\_\_

Have you done volunteer work at another nonprofit?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and what did you do?

What type of work would you like to do here?



List any hobbies or interests:

What skills, training, or knowledge do you wish to utilize here?

Where did you hear about our Agency?

When are you available to volunteer and for how long?

If you have a disability, what accommodation would you need to do this volunteer position?

Please provide 3 personal or professional references:

Name: phone number personal or professional relationship

- 1.
- 2.
- 3.

I hereby attest that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature Today's date

In case of emergency, please contact:

Name:  
\_\_\_\_\_

Phone (W) (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions):

\_\_\_\_\_  
\_\_\_\_\_