

Volunteer Application

Name: _____ Date of Application: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Education: _____
 Occupation: _____ Employer/School: _____
 Phone: Home _____ Work _____
 Fax _____ E-mail _____
 Emergency Contact Name _____ Phone _____

Have you been convicted of a felony within the past five years? Yes No

If YES, please explain _____

Tell us about your volunteer experience _____

What accommodations, if any, would you need to do this volunteer position?

When are you able to volunteer?

Time of day _____ Day(s) of week _____ How often per month? _____

What interests, skills, training, or knowledge do you wish to share with the residents?

What training, resources, or support do you anticipate needing to do volunteer work?

I hereby attest that the above information is true to the best of my knowledge and consent to a reference and criminal background check.

Signature _____

Please provide two personal or professional references:

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____