

INTERVIEW SCHEDULED _____
TRAINING SCHEDULED _____

Volunteer Application Form

Last Name	First Name	Middle Name
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Mr. Mrs. Ms. Miss _____ Preferred nickname _____

Street Address	Apartment Number
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City	State	Zip Code
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Is anyone else at this address a volunteer here? No Yes If yes, what is their name? _____

Have you ever volunteered with us before? No Yes If yes, in what year? _____

Home Phone Number ()	Cell Phone Number ()	E-Mail address
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I prefer to receive calls at: Home Cell Either

Personal Information:

Spouse's Name (if married)

I am age 18 or older

Employment Information:

I am Employed
 Un-employed
 Retired
 Student

Employer's Name (or School)

Occupation

Education (check all that apply)

High School graduate

Undergraduate degree

School _____

Major _____

Graduate degree

School _____

Major _____

Street Address	Department or Suite Number
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City	State	Zip Code
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I want to volunteer because:

Reasons you'd like to become a volunteer:	How did you find out about our volunteer program?	Do you have health insurance? ____ Yes ____ No
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Availability:

Please check the times you are usually available for a volunteer assignment:

<input type="checkbox"/> Weekdays Morning 8:30-12:30	<input type="checkbox"/> Weekdays Afternoons 12:30-4:30	<input type="checkbox"/> Weekdays Evenings 4:30-8:30	<input type="checkbox"/> Weekends	<input type="checkbox"/> Other		
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Emergency Contact: In the event of an emergency please notify:

Name	Home phone number ()
Relationship	Business phone number ()

Medical Information:

Do you have any medical conditions that would affect your ability to perform your volunteer duties, or that the volunteer office should be aware of? Yes No

If Yes, please explain:

Personal Information:You can *optionally* provide the following information. This information is used only for statistical analysis.

Date of Birth:
Month: Day: Year:

Gender Female Male**Marital Status** Married Single Widow(er)**Race** Caucasian Hispanic Asian African Amer. Mixed Race Native Amer. Other**Physically Challenged** No Yes**Personal Experience: (check all that apply)** Accounting/Bookkeeping Arts & Crafts Computer literate Computer programming Healthcare Management Newsletter/Newspaper Office experience Reception Sales Security Training/Teaching

Other _____

Applicant's Signature: _____ Date: _____