



Volunteer Application

Your Name:		Today's Date:		Date of Birth:	
Home Phone: ()		Cell Phone: ()		Work Phone: ()	
Mailing Address:				City:	Zip:
Street Address:(if different from above)					
E-mail Address:					
Have you lived in another state in the last five years? ___Yes ___No If yes, which state(s):					
Emergency Contact person:				Phone: ()	
Have you ever been convicted of a crime? Yes No					
If "Yes", please explain:					
Occupation: (current or before retirement)					
Education and training background:					
Experience with children:					
Number of hours you would like to volunteer:					
Days of the week you would like to volunteer: Monday____ Tuesday____ Wednesday____ Thursday____ Friday____					
If you have a disability and require accommodations to perform your assignment, please indicate:					
How did you hear about this program?					
I HAVE READ AND UNDERSTAND THE RULES OF CONDUCT WHEN VOLUNTEERING.				Yes	No

For Office Use Only

Screening Process:		Date Completed:		Criminal Record Check:	
Personal References					
1.					
2.					
3.					