

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)
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I am age 18 or older

### Employment Information:

I am  Employed  
 Un-employed  
 Retired  
 Student

Employer's Name (or School)
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Occupation
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### 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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My employer offers a time off program for volunteers

My employer offers a donation matching program

**I want to volunteer because:**

Reasons you'd like to become a volunteer:	How did you find out about our volunteer program?	Today's date
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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	<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:
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**Personal Information:**You can *optionally* provide the following information. This information is used only for statistical analysis.

<b>Date of Birth:</b>
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/TeachingOther \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_