

VOLUNTEER APPLICATION	DATE	
NAME SOCIAL S	SECURITY NO	_
ADDRESS		
Street City	State	Zip
TELEPHONE()	()	
Home	Work	
EMERGENCY CONTACT(_	_)	
Name	Phone	Relationship
PHYSICIAN		
Name	Phone	
REFERRAL SOURCE How were you referred to the Volument Briefler Argument Brochure Broch Bro	nother Volunteer ogue Newspaper Ad	
Explore careers Meet and work with pe Make worthwhile use of free time Other	i i	
EDUCATION		
EXPERIENCE PAID EMPLOYMENT (Most recent jo	bb first, if applicable)	
1. Organization Job Title		_
Job Duties Length of Service Under 1 year		-
2. Organization Job Title		
Job Duties		_
Length of Service Under 1 year	1-5 Years Over 5 years	



CURRENT OCCUPATION Employed Student Looking for work Homemaker		
VOLUNTEER EXPERIENCE 1. Organization		
Job Duties		
Length of Service Under 1 year 1-5 years Over 5 years		
2. Organization		
Job Duties		
Length of Service Under 1 year 1-5 years Over 5 years		
AVAILABILITY What type of time commitment are you planning to make if your application is accepted by the Volunteer Department? Mornings Mon Tues Wed Thurs Fri Afternoons Mon Tues Wed Thurs Fri Total number of hours per week you would like to volunteer - I would like to work a few hours per month or on an as needed basis.		
PLACEMENT PREFERENCES Office/Clerical Gift Shop Swing Bed Kitchen Tour Guide Other		
SKILLS Typing Telephone Care Giver Cash Register Computer Scheduling Working with Public Sign Language Sales Bookkeeping Public Speaking Photography Craft Mailings Writing Newsletters Audio Visual Foreign Language: Other:		
REFERENCES		
Please provide us with the names, addresses and phone numbers of three people outside your family who know you and would be willing to respond to a reference request (i.e. neighbor, minister, employer, teacher).		
1. NAME		
ADDRESS PHONE: () Zip		
2. NAME		
ADDRESSPHONE: ()		
Street City Zip		
3. NAME		
ADDRESS PHONE: () Zip		