



VOLUNTEER APPLICATION AND CONTACT INFORMATION FORM

Today's Date: _____ Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Current Employer: _____ Job Position: _____

Student: Name of School: _____

Name of Organization: _____

Emergency Contact: _____ Emergency Phone Number: _____

Briefly explain why you would like to volunteer: _____

Have you volunteered anywhere before? Tell us about your experience: _____

Do you enjoy working with children? Yes _____ No _____

Do you have any experience working with children? Yes _____ No _____

Do you enjoy talking to people who you just met? Yes _____ No _____

Physical Limitations: _____

Will you provide your own transportation? Yes / No If not, how will you get here? _____

How many volunteer/community service hours do you need? _____

Availability:	MONDAY	_____ AM	_____ PM
	TUESDAY	_____ AM	_____ PM
	WEDNESDAY	_____ AM	_____ PM
	THURSDAY	_____ AM	_____ PM
	FRIDAY	_____ AM	_____ PM
	SATURDAY	_____ AM	_____ PM
	SPECIAL EVENTS	_____ AM	_____ PM

Signature

Today's Date

Parent's Signature (if under 18)

Today's Date