



VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Company/School	

Availability

During which hours are you available for volunteer assignments?

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

List hours
Available:

Interests

Tell us in which areas you are interested in volunteering

- Social Skills Group Leader
- Camp MATES Counselor.
- Psychological Evaluation and Psychotherapy
- Administration (answering phones, filing, shredding)
- Beautification/Landscaping (painting, moving furniture, organizing, yard work)
- Special Events

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Please list two references (not relatives). All references will be verified prior to volunteer service.

Name	Address/City/State/Zip	Phone	Email Address

Have you been convicted of a misdemeanor or felony within the past 10 years? Yes No

If yes, please explain below:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, I must complete a background check. Furthermore, false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.