

Volunteer Job Application

Please print legibly and answer all questions completely on every page.

Date: _____

PERSONAL INFORMATION

Name:

Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___

Last name

First Name

MI

Preferred Method of Phone Contact (Cell/Home/Work): _____

Email address: _____

Local Address: _____

Street

City

State

ZIP

Other Address: _____

Street

City

State

ZIP

___ I am a year-round resident OR ___ I am a seasonal resident from _____ to _____

Spouse/Significant Other's Name (if applicable): _____

Local Emergency contact: _____

Name

Phone Number

VOLUNTEER INTEREST

I am interested in the following volunteer opportunities: (circle all that apply)

- Client Intake and Support
- Community outreach
- Computer work/Data entry
- General office work
- Grant research/writing
- Interpreter/Translator
- Special events/Fundraising

Please list previous work and/or volunteer experience:

List any special skills, interests, language(s) spoken or hobbies:

List any professional licenses or certificates you currently possess:

Specify the days and time frames you are available to volunteer:

Days of week: _____

Hours of the day(s): _____

List any special considerations or needs:

REFERENCES AND OTHER INFORMATION

List three personal references not related to you whom you have known for more than one year:

Name Address City State Zip Phone number

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Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes _____ No _____ If the answer is yes, please explain including types of offenses and dates:

Month and date of your birthday _____

I affirm that all information on this application is true and correct.

Signature Date