

## 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:**

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

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**List any professional licenses or certificates you currently possess:**

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**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:**

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## 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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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:

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**Month and date of your birthday** \_\_\_\_\_

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

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Signature

Date