

Volunteer Application

Thank you for your interest in becoming a (Name of Organization). Please complete the information requested below and return it to our offices.

Date: _____

Name: _____ Date of Birth (if under 18): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____

Occupation: _____

In case of emergency, call: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List experiences, hobbies, special skills that you are willing to share: _____

List any organizations you belong to: _____

Volunteer work may require walking, bending, some light lifting (under 10 lbs). Do you have health-related problems or physical limitations? If yes, please explain: _____

How did you hear about (Name of Organization)? _____

REFERENCES

Please give complete names, addresses, and telephone numbers for two (2) references from professionals and / or previous volunteer experiences:

1. Name: _____

Relationship to you: _____ Occupation: _____

Street address: _____

City: _____ State: _____ Zip: _____

2. Name: _____

Relationship to you: _____ Occupation: _____

Street address: _____

City: _____ State: _____ Zip: _____

All applicants under 18, please complete the following information:

What school do you attend: _____

Grade: _____

Why do you want to be a Team Volunteer? _____
