



VOLUNTEER APPLICATION FORM

NAME _____ **DATE** _____
Last First MI
 Mr. Ms. Mrs. Miss Dr. _____ Preferred nickname _____

ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ **DATE OF BIRTH** _____

HOME PHONE _____ **WORK PHONE** _____
I prefer to receive calls at Home Business Either

E-Mail address _____

SPOUSE'S NAME (IF MARRIED) _____

Have you ever served as a volunteer with us before? no yes If yes, when _____

EMPLOYMENT INFORMATION I am: Employed Un-employed Retired Student
Employer _____ **Occupation** _____

EMERGENCY CONTACT _____
name relationship phone

FAMILY PHYSICIAN _____ **PHONE** _____

LIMITATIONS RELATED TO HEALTH _____

REFERENCES: Please list two people other than relatives who would be willing to serve as personal references.

Name relationship to applicant

Address phone #

Name relationship to applicant

Address phone #

Please see reverse side

Availability:

Please check the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings

General area on which you would prefer to serve

- In-house Mobile Meals Meal Sites The Gables Other

Education: (check all that apply) High school graduate

Undergraduate degree -school _____
major _____

Graduate degree - school _____
major _____

Gender: Male Female

Ethnicity: White (Caucasian) African American Asian Hispanic

Mixed race Native American Other

Social Security # _____

Driver's License Number _____

Reasons you'd like to be a volunteer

How did you find out about our volunteer program?

I certify that the statements made in the volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

I have received the agency's volunteer personnel policies and I agree to abide by the volunteer personnel policies of the agency.

APPLICANT'S SIGNATURE _____ DATE _____