Volunteer Application Form

Thank you for your interest in volunteering with us! Please complete this application so we can learn more about your skills, interests, and availability. All information will be kept confidential.

Personal Information

Full Name: _____

Date of Birth: ___ / ___ / _____

Address: _____

_____

Phone Number: _____

Email Address: _____

Emergency Contact

Full Name: _____

Relationship: _____

Phone Number: _____

Availability

Days Available (check all that apply):

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

Times Available:

☐ Morning

☐ Afternoon

☐ Evening

Interests & Skills

Please list any skills, talents, or areas of interest that might be helpful in your volunteer work:

_____

_____

Experience

Have you volunteered before? ☐ Yes ☐ No

If yes, where and what did you do?

_____

_____

Background

Do you have any physical limitations we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

If yes, please explain: _____

References

Name: _____

Relationship: _____

Phone: _____

Agreement

I certify that the information I have provided is true to the best of my knowledge. I understand that submitting this application does not guarantee a volunteer position.

Signature: _____ Date: ___ / ___ / _____