



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
 Name: _____ : _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

When is the best time to contact you?
 Day Evening Weekend Anytime

Date Available: _____

How did you hear about volunteering for us? _____

Are you volunteering to meet a community service requirement? _____

Have you ever volunteered for this organization? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever had to register as a sex offender? YE N
 S O

 Please select days available: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Number of hours per week available: _____

Date available to start volunteering: _____