



**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

List previous address if you have lived at current address less than two years: \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_

Employer \_\_\_\_\_ Your Position \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Hours \_\_\_\_\_ May we call you at work? \_\_\_\_\_

SS # - - - - - DOB - - - - - NCDL # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Insurance Expiration Date: \_\_\_\_\_

Family Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names and ages of children in your home \_\_\_\_\_

EDUCATION (Indicate schools, majors, degrees): \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Please list any experience working with young people; (i.e. church, scouts, etc.). Include dates.

List any other volunteer experiences \_\_\_\_\_

\_\_\_\_\_

What are your hobbies, skills, special talents, interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check any one of the following that you are interested in:

\_\_\_\_\_ One-on-One with a young person \_\_\_\_\_ transportation

\_\_\_\_\_ Teaching a skill or hobby to a young person \_\_\_\_\_ fundraising

\_\_\_\_\_ tutoring \_\_\_\_\_ group activities

\_\_\_\_\_ donating professional services, i.e. medical, dental, legal, artwork, etc.

Please check any of the following that you feel may prevent you from fulfilling the required time commitment of four (4) hours a week for one year:

\_\_\_\_\_ employment \_\_\_\_\_ extended trips out of the area \_\_\_\_\_ life changes

\_\_\_\_\_ school \_\_\_\_\_ other (please specify)

Do you take any illegal drugs? \_\_\_\_\_

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? \_\_\_\_\_

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, including traffic offenses? \_\_\_\_\_

If yes, state offense and date of conviction \_\_\_\_\_



**List four references (not relatives) who have known you for at least one year. One must be your employer. Include complete mailing addresses.**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Home Phone(\_\_\_\_\_) Work Phone(\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Home Phone(\_\_\_\_\_) Work Phone(\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Home Phone(\_\_\_\_\_) Work Phone(\_\_\_\_\_) \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Home Phone(\_\_\_\_\_) Work Phone(\_\_\_\_\_) \_\_\_\_\_

If you have done volunteer work with young people prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Home Phone(\_\_\_\_\_) Work Phone(\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Home Phone(\_\_\_\_\_) Work Phone(\_\_\_\_\_) \_\_\_\_\_

I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I give my permission to the Director of this program to contact the references I have listed. I also understand that there will be a criminal background check done to protect the program and the children. I also authorize the Director to inquire about my qualifications from other people or organizations deemed appropriate. I understand and agree that, in the event one of the references provided by me above, recommends against my being matched with a child in this program, a match cannot be made.

Signature \_\_\_\_\_

