

## Volunteer Application Form

Thank you for your interest in volunteering. Please complete each of the items on this form and return it to the Volunteer Coordinator. Some of the questions may seem personal or private. However, this information has proven to be helpful in making volunteer assignments and the information is strictly confidential.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check the appropriate boxes) for each of the following:

1. Education:

a. Level of education. (please check the highest level completed)

some or no high school       College/professional school graduate

High School graduate       Post graduate work

Some College/professional/technical school

Please specify your field of study: \_\_\_\_\_

b. If you are a professional, do you carry professional liability insurance  Yes  No

c. Are you currently in school?  Yes, full time  Yes, part time  No

2. Employment and Experience:

a. Are you currently employed?  Yes, full time  Yes, part time  No

b. If so, what is your job? Please specify: \_\_\_\_\_

c. Are you presently working as a volunteer?  Yes, please specify: \_\_\_\_\_  No \_\_\_\_\_

d. What type of work (paid or volunteer) have you done in the past? \_\_\_\_\_

3. Skills:

a. Do you speak a foreign language:  Yes, please specify: \_\_\_\_\_  No \_\_\_\_\_

b. What are some of your special skills? What do you find enjoyment in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Health:

Do you have any physical restrictions that might affect your volunteer placement (such as back problems, hearing deficit, vision problems, etc...)?

Yes, please specify: \_\_\_\_\_  No \_\_\_\_\_

5. Personal Experiences with Death:

Have you had any experiences with death or with a dying person?  No  Yes

If Yes, please specify your relationship to the person when they died \_\_\_\_\_

\_\_\_\_\_

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6. Transportation:

- a. Do you drive?  Yes  No  
b. Do you have a car at your disposal?  Yes  No  
c. Do you have auto insurance coverage?  Yes  No  
If Yes, current drivers license info: State  ID #

7. Please explain why you wish to become involved in the volunteer program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Areas of Interest:

- |                                                            |                                                       |
|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Working with individual clients   | <input type="checkbox"/> Marketing / Public Relations |
| <input type="checkbox"/> Bereavement                       | <input type="checkbox"/> Office Related               |
| <input type="checkbox"/> Participating in Health Fairs     | <input type="checkbox"/> Craft Projects               |
| <input type="checkbox"/> Running Errands/ Shopping, etc... | <input type="checkbox"/> Other: Please Specify _____  |

9. How did you hear about the volunteer program?

- |                                        |                                                      |
|----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Newspaper                   |
| <input type="checkbox"/> Bulletin      | <input type="checkbox"/> Community Presentation      |
| <input type="checkbox"/> Radio         | <input type="checkbox"/> Other: Please Specify _____ |

10. Available time for Volunteer Work:

- | <input type="checkbox"/> Morning   | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening   |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Monday    | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Thursday  |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Friday    | <input type="checkbox"/> Friday    |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Saturday  | <input type="checkbox"/> Saturday  |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Sunday    | <input type="checkbox"/> Sunday    |

11. Names of three people we may contact, with your permission for a reference:

(Please include one professional person)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I certify that all statements made by me on this Volunteer Application Form are true and correct

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to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_