



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

# Volunteer Application (non-summer)

Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Parents Email Address (if minor): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been arrested or convicted? \_\_\_\_\_ If yes please explain: \_\_\_\_\_

Name of school or employer: \_\_\_\_\_

Are you volunteering for School Community Service? \_\_\_\_\_ What organization? \_\_\_\_\_

Are you interested in volunteering during the: School year \_\_\_\_\_ Summer \_\_\_\_\_ Both \_\_\_\_\_

How many hours do you need to complete? \_\_\_\_\_ By what date? \_\_\_\_\_

Circle or Write In Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
N/A	10am-2pm	10am-2pm	10am-2pm	10am-2pm	10am-2pm	x
N/A	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm

What date can you start? \_\_\_\_\_ How did you hear about our volunteer program? \_\_\_\_\_

What other volunteer or community activities are you involved in? \_\_\_\_\_

Please list any experience you have working with children: \_\_\_\_\_

Special Skills/Interest: \_\_\_\_\_

Please list two references (professional, associates, teacher/advisors)

Name	Phone	Relationship	Years Acquainted
------	-------	--------------	------------------

1. \_\_\_\_\_

2. \_\_\_\_\_