

# VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Spouse \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Are you in good health? Yes  No  Back Injury? Yes  No

Heart Trouble? Yes  No

Are you taking any medications Yes  No  If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

Do you have any limitations of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

Your doctor's name \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous employment experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you now employed? Yes  No  If so, where? \_\_\_\_\_



3. Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

e-mail address: \_\_\_\_\_

*The information provided on this application is accurate and correct to the best of my knowledge.*

*Signature indicates approval for us to check references. The Volunteer Service Department is not*

*obligated to provide a placement, nor are you obligated to accept the position offered.*

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

\_\_\_\_\_

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO  
RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX