

**Application for Volunteer**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

ID Card or Driver License #: \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No. If yes, explain on the back of this form.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Days & Hours \_\_\_\_\_

Can we contact you at work?  Yes  No

Previous work/volunteer experience \_\_\_\_\_

Organizations and groups with which you are involved \_\_\_\_\_

Have you had any experience with disabilities? Nature of disability? \_\_\_\_\_

Special interests/hobbies \_\_\_\_\_

Do you have health problems which might affect your activities? \_\_\_\_\_

Which program would you like to volunteer for? \_\_\_\_\_

**List Three References**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_