

VOLUNTEER APPLICATION

APPLICANT INFORMATION

DATE:

Name (Last)	(First)	(Middle)		
Address	City	State	Zip Code	
Telephone	Alternate Telephone	Best Contact Time	Email Address	
Volunteer Position Considering	Availability:	Full-Time	Part-Time	Temporary
What hours are you available to work?				
In Case of Emergency Notify (Name & Telephone)				
Nearest Relative (Name & Telephone)				

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past?	Yes	No		
Job Position	Supervisor	Start/End Date		
Job Position	Supervisor	Start/End Date		
Special Interests and Hobbies				
Do you have your own transportation?	Yes	No		
Valid Driver's License?	Yes	No	DL#: _____	
Liability Insurance?	Yes	No		
How many hours per week are you available to volunteer?	Days _____	Evenings _____	Weekends _____	
Can you make a one-year commitment to this volunteer role?	Yes	No		
Why would you like to volunteer as a worker with children and/or youth?				

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VOLUNTEER EXPERIENCE (cont.)

What qualities do you have that would help you work with children and/or youth?
How were you parented as a child?
How do you discipline your own children?
Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No If yes, please explain fully:
Have you ever been exposed to an incident of child abuse or neglect? Yes No
Would you be available for periodic volunteer training sessions? Yes No

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Yes No
Are you currently on probation or parole? Yes No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?

List any education, experience, certifications, or other training relevant to this volunteer position:
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PERSONAL REFERENCES

Name		
Address		
Phone	Occupation	Relationship

Name		
Address		
Phone	Occupation	Relationship

Name		
Address		
Phone	Occupation	Relationship

APPLICANT STATEMENT (Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name	
Signature	Date

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