

## Volunteer Application Form

The information you share on this form will only be used by the Volunteer Services Department where it will be handled as a confidential matter. *Please fill out completely and print legibly.* Thank you.

Last Name	First Name	Middle Name

Address	City	State	Zip

Home Phone	Cell Phone	Email Address

Date of Birth- Month, Day, Year	Driver's License Number

Requested Days & Times: M	T	W	Th	F	Sa	S
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Emergency Contact	Telephone	Relationship

Employed/Retired/Student	Employer/Name of School	Grade	Degree

Groups, Clubs, Activities Involved In

Skills, Hobbies, Interests, Talents

Previous Volunteer Experience

Volunteer Work That Interests You

**Please list three references, of which only one can be a relative.**

Name	Home Phone	Cell Phone	Relationship

Is there any reason why you can't push a wheelchair?  YES  NO

Who referred you to our program? \_\_\_\_\_

*All the above information is correct. I understand that I am making an application to be a Volunteer, not a paid employee.*

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_