

## Volunteer Application

The information you share on this form will be used by the Therapeutic Recreation department in a confidential manner. Please fill out completely and print legibly.

Thank you!

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name

Middle Name

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Address

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Home Phone

Cell Phone

Email Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of Birth (mm/dd/yyyy)

Driver's license # (if applicable)

<input type="text"/>
----------------------

Day(s) and time(s) available to volunteer

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Emergency Contact Name

Relationship

Phone number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Employed/Retired/Student

Employer/School

Grade

Degree

<input type="text"/>
----------------------

Previous Volunteer Experience

<input type="text"/>
----------------------

Special skills/Interests/Talents

<input type="text"/>
----------------------

Who referred you to our organization?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Signature

Date