

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Volunteer Position Considering	Availability <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
What Hours Are You Available to Work?			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Position	Supervisor	Start Date End Date
Job Position	Supervisor	Start Date End Date
Special Interests and Hobbies		
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours per week are you available to volunteer? Days _____ Evenings _____ Weekends _____		
Why would you like to volunteer as a worker with Seniors?		



CRIMINAL HISTORY

Have you ever been *convicted* of a criminal offense?

Check One: Yes No

Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants)

Check One: Yes No

Are you currently on probation or parole?

Check One: 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:

PERSONAL REFERENCES:

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

