



VOLUNTEER APPLICATION

TO WORK WITH CHILDREN/YOUTH/VULNERABLE ADULTS

GENERAL INFORMATION

FULL NAME: _____

BIRTH DATE: _____ GENDER: _____

DRIVER'S LICENSE #: _____ ETHNICITY: _____

VEHICLE LICENSE PLATE #: _____

VEHICLE MAKE & MODEL: _____

OCCUPATION: _____

OCCUPATION LOCATION: _____

CURRENT RESPONSIBILITIES & SCHEDULE:

PREVIOUS VOLUNTEER EXPERIENCE:

SPECIAL INTERESTS, HOBBIES, SKILLS:

CONTACT INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____



VOLUNTEER QUESTIONS

HOW MANY HOURS PER WEEK ARE YOU ABLE TO VOLUNTEER? _____

MORNINGS AFTERNOONS EVENINGS

WHY DO YOU WANT TO WORK WITH CHILDREN/YOUTH/VULNERABLE ADULTS?

WHAT QUALITIES DO YOU HAVE THAT WOULD HELP YOU WORK WITH CHILDREN/YOUTH/VULNERABLE ADULTS?

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, AND OTHER CRIMES OF VIOLENCE OR THEFT)? NO YES (IF YES, PLEASE EXPLAIN FULLY)

WOULD YOU BE AVAILABLE FOR PERIODIC VOLUNTEER TRAINING SESSIONS?

YES NO

SIGNATURE

FULL NAME: _____

DATE: _____

REFERENCES

Please list two references (people who are not related to you by blood or marriage) and provide complete information for each. Information obtained through references will be kept confidential.

REFERENCE 1

FULL NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____

REFERENCE 2

FULL NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____