



Volunteer Application

COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # (for positions with vulnerable populations – youth/ elderly)

Cell Phone: _____ Business Phone: _____

Home Phone: _____ E-mail Address: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience:

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: €Yes € No

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?

€Yes € No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? €Yes €No If yes, describe each in full: _____

Emergency Contact Information

Name of Emergency Contact: _____

Relationship: _____

Phone Number: _____