

## **Volunteer Application**

Volunteer A	Applicant Na	me:		Date	/
Address:	Last	First	M.I.	Date	Social Security#
Telephone	Street #	/	City State E-Mai	Zip l Address	
volunteers pre	vious employm	ent, criminal background	check, and drug test wi	th exception to	re required to background screen those involved in one-time special on experience where applicable.
offense, serious Have you ever p	<i>ness and nature</i> olead "guilty" o	he following questions do tof the violation, rehabilit r "no contest" to, or been and details:	tation and desired volution convicted of a crime?	nteer role will	Yes No
Are you a stude	nt volunteering	Way's Martin Volunteers for your school's graduat umber of hours required:	ion community service		
Employment	History:				
Employed From:	To:	Employer	Position	Contact	Name & Phone Number
Volunteer A	areas of Interes	st (Check all that apply or	fill in your ideas for vo	olunteering)	
FUN annu COM Baby assist Com with alway Beha Empl poter resur	D RAISING: Sal campaign ass IMUNITY AW  Steps: Assist a tant; and clerica munity Living developmental ys with HPS Stavioral Health Stoyment Servicatial employers;	sistance (help identify pote ARENESS: Assist mark PRO Issembly of BRAIN (Build Id duties for Baby Steps pro Assist adults with disabild disabilities by working diaff present. Services: Clerical duties, to ses: Assist adults with dev	ng Calendar Committee ential donors, assist with eting efforts; and becom OGRAMMATIC ding Readiness Among rogram. lities learn about their of rectly with clients in a filing, answer phones, a elopmental disabilities ng experiences for indi	; grant writing; h mailings, fol me an Ambassa Infants Now) communities; a variety of setting and data entry. secure and ma viduals seeking	thelp develop new fundraisers; low-up, and thank you calls). Indoor for our organization.  bag; Music & Movement class saist with learning efforts for adults ngs, such as community outings, intain employment. Identify gemployment such as help writing a
OTHER:					

Volunteer Hours and Days:						
What Days are you available to V		ny Tuesday Wed	nesday Th	ursday Friday	Saturday (special events)	
Educational Background:						
Starting with your most recent <b>School</b> -		rovide the following	information	: <b>GPA</b>		
(Include city and state)	Years 1 Completed	Coursework Co	Coursework Completed		Major/Mino	
(menuce eny una state)	compression	Diploma ( Degree Certification Other	GED	Class Rank		
		Diploma ( Degree Certification Other				
		Degree Certification	Diploma GED Degree Certification Other			
ease provide three personal or	professional referen	nces:				
ist name and telephone num	ber of three perso	onal references that  **Relationship to you	hip <sub> </sub> Telephone		ou:  Number  of Years Known	
			( )			
			( )			
			( )			
I certify that I have completed tapplication is for a non-paid vo						
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