



**NOTE:**

**Are you between the ages of 16 and 18?**  Yes  No

If yes, your parent or guardian must sign here to approve your possible participation as an agency volunteer. Due to the agency's confidentiality policies, volunteers between the ages of 16 and 18 may only work in non-client contact areas of the organization.

Printed name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

If considered for a volunteer position, would you have a reliable form of transportation or ability to use public transit to get you to and from this agency?  Yes  No

Several of our volunteer positions require driving as a part of the volunteer experience. If you are considering volunteering your services as a driver, would you be able to furnish us with verification of vehicle insurance?

Yes  No

Do you have at least 3 years minimum driving experience?  Yes  No

Drivers License Information:

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restrictions or Suspensions (respond fully if driving is required by the position you are volunteering for):

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your reasons for wanting to volunteer at this agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In which of the following areas would you feel that you would be able to have the most impact and enjoy the tasks you are performing?

**Direct Client Services**

\_\_\_\_\_ Recreational Opportunities  
\_\_\_\_\_ Recreational Transportation  
\_\_\_\_\_ Appointment Transportation

**Administrative Support Services**

\_\_\_\_\_ Data Entry  
\_\_\_\_\_ Filing  
\_\_\_\_\_ Copying  
\_\_\_\_\_ File purging  
\_\_\_\_\_ Reception Assistance

**Public Relations and Fundraising**

\_\_\_\_\_ Community Speaking  
\_\_\_\_\_ Opportunities  
\_\_\_\_\_ Special Events

**EMPLOYMENT / VOLUNTEER HISTORY: (List work history, if applicable, and/or any relevant volunteer experience)**

1. Employer	Job Title	
	Dates	Employed
	From:	To:
Address		
Telephone Number(s)	Work Performed  <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	
Supervisor		
2. Employer	Job Title	
	Dates	Employed
	From:	To:
Address		
Telephone Number(s)	Work Performed  <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	
Supervisor		



**REFERENCES**

**Please list 3 references and fill out form completely (PLEASE PRINT)**

Name: \_\_\_\_\_

Phone Number (during the day): (\_\_\_\_) \_\_\_\_\_

**Include Area Code**

Check one: Professional (work) reference \_\_\_\_\_  
Personal reference \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number (during the day): (\_\_\_\_) \_\_\_\_\_

**Include Area Code**

Check one: Professional (work) reference \_\_\_\_\_  
Personal reference \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number (during the day): (\_\_\_\_) \_\_\_\_\_

**Include Area Code**

Check one: Professional (work) reference \_\_\_\_\_  
Personal reference \_\_\_\_\_

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FOR AGENCY USE ONLY:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition: \_\_\_\_\_

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