VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)			Date		
Address		City	State		ZIP Code		
Telephone	Alternate Telephone	Best Contact Time		E-Mai	E-Mail Address		
Volunteer Position Considering		Availability		rt-Time			
		Full-111			Temporary		
What Hours Are You Available to Work?							
In Case of Emergency	y Notify Telep	hone	Name of Nea	rest Relative	Telephone		

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past?							
Job Position	Supervisor	Start Date	End Date				
Job Position	Supervisor	Start Date	End Date				
Special Interests and Hobbies							
Do you have your own transportation?	Valid Driver's License?		Liability Insurance?				
Yes No	☐ Yes ☐ No DL #:		Yes No				
How many hours per week are you available to volunteer? Days Evenings Weekends							
Can you make a one-year commitment to this volunteer role?							
Why would you like to volunteer as a worker with children and/or youth?							

VOLUNTEER EXPERIENCE (Continued)

What qualities do you have that would help you work with children and/or youth?			
How were you parented as a child?			
How do you discipline your own children?			
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, other crimes of violence, theft, or motor vehicle violations)? Yes No			
If yes, please explain fully:			
Have you ever been exposed to an incident of child abuse or neglect? Yes No			
Would you be available for periodic volunteer training sessions?			

CRIMINAL HISTORY

Have you ever been <u>convicted</u> 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: \Box Yes \Box 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
Name	Address	Phone	Occupation	Relationship
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

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