

VOLUNTEER FROM



VOLUNTEER INFORMATION			DATE:	
FIRST NAME:		LAST NAME:		
ADDRESS:				
ADDRESS LINE 2:				
CITY:		STATE:		ZIP:
PHONE:		DOB:		MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
EMAIL:				
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE YOUR OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DEGREE RECEIVED? <input type="checkbox"/> GED <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> POST GRADUATE		ARE YOU WILLING TO DRIVE AS PART OF YOUR VOLUNTEER WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DRIVER'S LICENSE# _____ ISSUE STATE _____ NAME OF INSURER POLICY#		
CURRENTLY ENROLLED? DEGREE SOUGHT _____		OTHER FORMAL EDUCATION/TRAINING:		
DO YOU SPEAK ANY FOREIGN LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST				
INTERESTS AND AVAILABILITY				
TYPE OF VOLUNTEER SERVICES YOU WISH TO PROVIDE AND WHY?				
SESSIONS YOU ARE AVAILABLE TO VOLUNTEER		DAYS OF WEEK		TIME OF DAY
<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY		<input type="checkbox"/> EARLY MORNING <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING
VOLUNTEER EXPERIENCE:		<input type="checkbox"/> CURRENTLY EMPLOYED <input type="checkbox"/> MOST RECENT EXPERIENCE		
NAME OF ORGANIZATION		FROM: __/__/__ TO __/__/__		
JOB TITLE				
BRIEF DESCRIPTION OF VOLUNTEER DUTIES:				
PLEASE LIST ANY SPECIAL SKILLS AND/OR ANY QUALITIES THAT WOULD MAKE YOU AN EXCELLENT VOLUNTEER CANDIDATE				