



Volunteer Services Application

Senior Volunteer Program

Junior Volunteer Program
(You must be 14 years old to apply)

Name: _____

Social Security #: _____

Address: _____

City/State: _____ Zip Code: _____

Previous Address (if less than 12 months): _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

Birthday: _____ (MM/DD/YYYY) E-Mail: _____ @ _____

Education (# of years): _____ Degrees (if any): _____

High School Attended: _____ Last year attended: _____

College Attended: _____ Last year attended: _____

Indicate any professional licenses, registrations, and/or certifications you have earned (*Include Drivers license*)

Type: _____ State Issued: _____ Expiration Date: _____ Number: _____

Type: _____ State Issued: _____ Expiration Date: _____ Number: _____

Indicate Personal Hobbies / Skills / Special Interests / Foreign or Sign language Skills: _____

Do you have any health or physical limitations that would limit your performance as a volunteer?
If yes, please explain:



Volunteer Services Application (Continued)

How did you become interested in the Volunteer Program? _____

Past Volunteer experience? _____

Employment History: (list your last/current employer): _____

Work Experience: _____

List two (2) references NOT related to you, either their address &/or phone #:

1. _____
Name Position: Address: Phone

2. _____
Name Position: Address: Phone

CONTACT, IN CASE OF EMERGENCY:

Name: _____

Relationship: _____

Home#: _____

Work/Cell#: _____

Name of Family Physician: _____ Phone # _____