



## Volunteer Application

Date: \_\_\_\_\_

Position(s)  
Applying for:

Sibship

Group  
Respite

Clerical,  
office help

Summer Day  
Camp

Events  
(will depend  
on availability)

Applicant's Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Email Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you 18 years or older? Yes No

Do you have a health related condition that may interfere with your ability to safely and effectively perform any duties of the position for which you are applying? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever been known by any other name(s)? Yes No

If yes, please indicate the name(s): \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

Have you ever had a founded case of child or dependent adult abuse? Yes No

Please list the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

How many hours are you interested in volunteering? \_\_\_\_\_ Hours  per week  per month

## References

List the name, address, phone number, and relationship of three references. **The people listed as references should be able to discuss your work history, character, and ability to fulfill responsibilities.** Any delay in receiving references may result in a delay in the orientation process.

Reference Type:  Professional Reference  Personal Reference

Name:	Relationship:	
Phone #:	Occupation:	
Address:		
City:	State:	Zip Code:

Reference Type:  Professional Reference  Personal Reference

Name:	Relationship:	
Phone #:	Occupation:	
Address:		
City:	State:	Zip Code:

Reference Type:  Professional Reference  Personal Reference

Name:	Relationship:	
Phone #:	Occupation:	
Address:		
City:	State:	Zip Code:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date