



VOLUNTEER SERVICES APPLICATION

Applicant Commitment for One Full Year

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening: _____

Email: _____ Date of Birth: _____

Volunteer Position Desired: Gift Shop Clerical _____ Hospitality Desk _____ Book Cart _____

Other: _____

Days/hours of week available: M _____ T _____ W _____ Th _____ F _____ Sa _____ Su _____

Will you be available throughout the year? _____ If not, what month(s): _____

Employment or Volunteer Experience? _____

Special Training Skills: _____

Do you speak any languages other than English? _____ Which ones: _____

Please list two references other than family members:

1. _____
(NAME) (ADDRESS) (PHONE)

2. _____
(NAME) (ADDRESS) (PHONE)

In case of an emergency, please list a contact person and their relationship to you:

Name: _____

Phone: _____ Relationship: _____

Have you ever been convicted of any crime under your present, or any other name? Yes _____ No _____

If so, give the names used and date of disposition: _____

(Convictions do not necessarily disqualify you for volunteer consideration. Do not include Juvenile record or minor traffic violations.)

Any Misdemeanor or Felony? Yes _____ No _____

VOLUNTEER SERVICES APPLICATION - CONTINUED

How did you hear about our Volunteer Services Program? _____

Do you have any allergies or health conditions? If so, please explain: _____

Health Insurance: _____

Personal Physician: _____

Address: _____ City: _____ State: _____

Volunteer Signature: _____ Date: _____

Adult (18 Years of Age or Older): Yes _____ No _____

Education (Circle Year Completed): High School: 1 2 3 4 College: 1 2 3 4 College Name: _____

Occupation: Yes _____ No _____ Work Phone: _____

Organization Affiliations: 1. _____

2. _____

3. _____

FOR OFFICE USE ONLY

Date: _____ Referred to Department: _____

#1 PPD Date: ___ / ___ / ___ #2 PPD Date: ___ / ___ / ___ General Orientation Date: ___ / ___ / ___

VOLUNTEER PACKET I-IWAA

Uniform Loan Date: ___ / ___ / ___ Uniform Return Date: ___ / ___ / ___

Volunteer Security Badge Date: ___ / ___ / ___ Access Card Released: Yes _____ No _____

Authorized Staff Personnel: _____ Title: _____

(PLEASE PRINT)

Authorized Staff Personnel: _____

(Signature)

Auxiliary Members Yearly Dues: \$10.00 (for those 18 of years or above) Check# _____ Cash _____

Volunteer Assignment(s): _____ / _____ / _____

Start Training Date: ___ / ___ / ___ Area: _____ Dept. Day(s)/Hours: _____ / _____

Interviewed By: _____ Title: _____ Date: ___ / ___ / ___

Comments: _____
