



Volunteer Application

Last name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

email: _____

Are you: _____ Birthday (mm/dd): _____

under the age of 18

over the age of 18

Education: _____ Current profession: _____

Emergency information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Previous volunteer experience:

How did you hear about us?

Why did you decide to volunteer with us?

What do you think makes you good fit for volunteering with us?

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What positions are you interested in?

Coffee bar

Books

Your availability:

Monday

Morning

Afternoon

Tuesday

Morning

Afternoon

Wednesday

Morning

Afternoon

Thursday

Morning

Afternoon

Friday

Morning

Afternoon

Saturday

Morning

Afternoon

Have you ever worked or volunteered for our organization?

No

Yes—if yes, when and for how long?

Have you ever been convicted of a felony?

No

Yes—if yes, when:

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Do you have any medical conditions that may limit the type of tasks you can perform?

References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Disclaimers:

Candidate Signature: _____ Date: _____

If under the age of 18, parent/guardian name/phone and signature:
