**Volunteer Application Form**

***Contact Information:***

Name: Date of Birth: SSN:

Address: City/State/Zip:
Home Phone: Cell Phone:

Email: Driver’s License # *(If Applicable)*:

***Volunteer Position Information:***

Preferred Position: Occupation *(Past if Retired)*:

Previous Experience:

Special Skills:

Availability *(Please Check All That Apply)*: **□** Mornings *(9-12)* **□** Afternoons *(2-5)* **□** Evenings *(3-7)*

 **□** One Time Only **□** Once a Week **□** More Than Once a Week

 **□** As Needed **□** Other:

***Education/Work Experience:***

Highest Level of Education: Current Employer/Organization:

*Personal Reference* ➀Name: Number:

Address: Email:

*Professional Reference* ➀ Name: Number:

Address: Email:

***Emergency Contact Information:***

Name: Number:

Address: Relation to Contact:

*By signing below, you agree that all information you have provided in this application*

*Is true to the best of your knowledge.*

**Signature:**  **Date:**