



Volunteer Application

Name: _____ (last) (first) (middle)

Address: _____ (street) (city) (state) (zip)

Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ (name) (relationship) (phone)

References: List two non-family members.

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you had a driving violation in the last three years? _____ If so, explain. _____

Have you ever been convicted of a criminal offense? _____ If so, please explain. _____

Driver's License # _____ Date of Birth _____

Are you a veteran? _____ Race/Ethnicity _____

Preferences: Office Special Events Meals on Wheels Class Instructor Medicare Counseling Repairs Landscape Computers Training/Development Electrical Carpentry Networking

Availability:

Table with 8 columns (Morning 8-11, Afternoon 11-2, Evening 2-5) and 7 rows (Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday)