



VOLUNTEER APPLICATION

*****All volunteers must be 18 years or older and submit to a criminal background check.***

CHILD INFORMATION

LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY, STATE:

ZIP:

GENDER

Male

Female

AGE

Please tell us why you want to volunteer with our organization.

Please tell us what you hope to gain from your experience with us.

Please tell us about your educational background and previous volunteer experience.

What are your hobbies, skills, qualities, or special interests relevant to our organization?

ASSIGNMENT

Select the top 3 volunteer options you wish to participate in from the drop-downs below. You will be notified which job you've been assigned to during your volunteer screening.

1st CHOICE:

2nd CHOICE

3rd CHOICE

Please specify your availability (days, times, and length of commitment).

REFERENCES

Please provide us with three references (non-relatives). Please include a name, phone number, and address for each reference.

REFERENCE 1

REFERENCE 2

REFERENCE 3
