



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance?(list policy limits and name of carrier) \_\_\_\_\_

Why would you like to volunteer as a worker with children and/or youth?

\_\_\_\_\_

\_\_\_\_\_

What qualities do you have that would help you work with children and/or youth?

\_\_\_\_\_

\_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your own children? \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?  No  Yes

If yes, please explain fully:

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Have you ever been exposed to an incident of child abuse or neglect?  No  Yes

If yes, how did you feel about the incident? \_\_\_\_\_

Would you be available for periodic volunteer training sessions?  Yes  No

**References:** Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date