



## Adult Volunteer Application

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

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 auto 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with, convicted of, or pled guilty to a motor vehicle moving violation in the last 3 years? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**References:** Please list two individual (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: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

Emergency Contact Information: (In case of emergency while you are volunteering with us )

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # : \_\_\_\_\_ Additional Phone # : \_\_\_\_\_

Health Insurance Name & ID # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

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