



## Adult Volunteer Application

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

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

Home Phone: \_\_\_\_\_ Cell 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? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

**References:** Please list two individuals (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