



VOLUNTEER SERVICE
APPLICATION

Date: _____ Home Phone: _____

Name: _____ Cell Phone: _____

Address: _____ Work Phone: _____

City State Zip

E-mail Address: _____ Birth Date: _____

Emergency Contact Person

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____

Educational Background: High School _____
Post High School _____
Employer _____

Previous Volunteer Experience: _____

Special Interests/Hobbies: _____

Do you need any special accommodations? If so, please specify below:

Please check which Volunteer Opportunities interest you:

- | | | |
|--|---|----------------------|
| <input type="checkbox"/> Client Interactive: | <input type="checkbox"/> Non-Interactive: | |
| ___ Aquatics | ___ Fundraising | ___ Facility Support |
| ___ Daycare | ___ Program Support | ___ Clerical |
| ___ Adult Services | ___ Professional Talents | ___ Special Talent |

Please circle days and times you are availability: M T W TH F Morning Afternoon Evening

Reference Names: _____ **Phone:** _____ **Relationship:** _____

1. _____

2. _____

How did you learn about this Agency? _____

Signature: _____

Parental consent if volunteer is under age 18: _____