

Volunteer Application

Name: _____ Date: _____
Last First

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Date of Birth: _____
Month Day Year

Emergency Contact Information

1. Name: _____ Relationship: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

For Demographic Tracking Purposes Only with Volunteer Consent

Race: _____ Sex: _____ Disabled: _____ Yes _____ No

Any Previous Volunteer Experience: _____

Current or Former Occupation: _____

Do you drive? _____ Yes _____ No Current Auto Insurance Company: _____

Driver's License Number: _____

Required for Free Excess Automobile Liability Insurance Coverage provided. *Failure to provide this information will result in volunteer being classified as a NON-DRIVER and ineligible for Excess Auto Liability Coverage.*

Required Designation of Beneficiary for Free Accidental Insurance Coverage Provided:

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Have you been convicted of a crime or pleaded "non contest" to criminal charges? A background check will be conducted.

_____ YES _____ No. *If so, please explain*

Days/Times Available:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Volunteer/Intern Signature: _____

Internal Use Only:

Volunteer Station Placement: _____

Schedule: Day(s): _____ Time: _____ Start Date: _____

RSVP Staff making placement: _____