

Volunteer/Intern Application



Name: _____ Application Date: _____

Mailing Address: _____

Street

City

Zip

Phone: _____ Alternate Phone: _____ If Bi-lingual, What Language: _____

Date of Birth: _____ E-mail Address: _____

Month

Day

Year

Emergency Contact Information:

Contact #1- Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Contact #2- Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

For Demographic Tracking Purposes Only with Volunteer's Consent:

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

Have You Ever Been Convicted of a Crime or Pled 'No Contest' to Criminal Charges? () Yes () No

If 'Yes', Please Explain: _____

Do You Consent to the Agency Performing, or Arranging for a Criminal History Check in Accordance with the Requirements for the Volunteer Program? () Yes () No

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, available to volunteers 55 years of age and older only. Failure to provide this information will result in volunteer being classified as a NON-DRIVER and ineligible for Excess Auto Liability Coverage. *****

Please Check ALL Areas of Interest for Potential Volunteer Service:

_____ Meals on Wheels _____ Adult Day Center _____ Transportation _____ Special Events
_____ Office/Clerical _____ Telephone Reassurance _____ Food Distribution _____ As Needed/Other

Dates/Times Available: _____

How Did You Hear About This Program? _____

Volunteer Signature: _____

For Staff Use Only

Copy of Identification/DL Obtained: Y/N

Age Verified: Y/N

Volunteer Station Placement: _____ Placement Start Date (Anniversary Date): _____

Staff Making Placement: _____