

Volunteer Application Form

(***NOTE**: For material donors, name, name of donor, items donated and any other pertinent information you deem necessary for your files and reports.)

Project name: _____

Date of application: _____

Name of applicant: _____

Last

First

MI

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Home telephone no.: _____ Business telephone no.: _____

Briefly explain your interest in the program for which you are volunteering: _____

Education/Training & Specialized Skills: (Proof may be required)

____ High School ____ College ____ Graduate School

Degree(s): _____

Certification:

____ Basic First Aid ____ CPR ____ Driver's License (____ Type)

____ SCUBA ____ Other (Specify): _____

Special skills: Describe any specialized skills, e.g. art, writing, computer software programs operations, foreign languages and level of proficiency, etc. _____

Current employer: _____

Current job title: _____

Current work schedule: _____

Name & telephone number of immediate supervisor: _____

Volunteer Experience

Please list dates of any previous volunteer experiences, the agency for which volunteer services were performed and the type of volunteer services you provided.

Availability for Volunteer Services

NOTE: Volunteer Services totalling more than 15 days (not necessarily consecutive) within any calendar year, requires a tuberculosis clearance in accordance with Administrative Procedure A9.520, Tuberculosis Clearance.

Days of the week and hours available to provide volunteer services: _____

In case of emergency, who should be notified:

Name: _____ Relationship: _____
Telephone Number: _____

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I am authorizing the Project to contact my former and current employer for references. If selected, I will comply with all requirements specified by my supervisor and acknowledge that the university may at its discretion terminate my participation in providing volunteer services at any time.

Signature of Applicant

Date

For Internal Use Only

Volunteer job title: _____

Date Interviewed: _____ Reference Checked: _____

Selected: _____ Not Selected: _____

Number of hours of service: _____

Category: _____ regular-service volunteer, _____ occasional volunteer,
_____ stipended volunteer or _____ material donor.*

Signature of Volunteer Supervisor/Coordinator

Date