

Sample Volunteer Application

For office use only

Application received: ____/____/____ Interviewed on ____/____/____

Applicant: Accepted____ Denied____

If denied, reason _____

Criminal history____/____/____

[Community coalition name] Volunteer Application (please print)

Name_____ Title_____

Organization/address: Street or P.O. Box _____

City_____ State_____ ZIP_____

Telephone: Home (____)_____ Work (____)_____

Fax (____)_____ E-mail _____

Cell phone (____)_____ Pager (____)_____

Social Security number _____ Birth date _____

(for purposes of criminal history check)

Emergency contact _____

Telephone (____)_____ Relationship_____

Physician/medical group _____ Telephone (____)_____

Previous volunteer experience

Name of organization and supervisor _____ Duration of volunteering
_____ / ____ / ____ to ____ / ____ / ____

Responsibilities _____

Name of organization and supervisor _____ Duration of volunteering
_____ / ____ / ____ to ____ / ____ / ____

Responsibilities _____

Name of organization and supervisor

Duration of volunteering

____/____/____ to ____/____/____

Responsibilities _____

Volunteering for

Support services

Food preparation and service

Faith based

Office

Mental health

Security

Victim advocate

Other (explain)_____

Availability: Support service volunteers will be scheduled for full days. Food providers will be scheduled for breakfast and/or lunch. All other positions will be scheduled based on need.

How many consecutive days can you volunteer? _____

What days can you volunteer?

Areas of special interest:
