



# VOLUNTEER APPLICATION

All information in this document is confidential

**POSTION OF INTEREST** \_\_\_\_\_

**PERSONAL INFORMATION**

Name/Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Use legal name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
(Be specific; if none, write none)

**CHURCH / BUSINESS AFFILIATION**

Name/Address \_\_\_\_\_

**EXPERIENCE**

Interests, Skills, Hobbies \_\_\_\_\_

Clubs, Organizations you belong to \_\_\_\_\_

Education (highest level) \_\_\_\_\_ Name of School \_\_\_\_\_

Have you volunteered before? YES  NO  Position \_\_\_\_\_

Describe the work \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ ( ) \_\_\_\_\_ May we contact the Agency? Yes  No

**EMPLOYMENT HISTORY**

Name of current employer \_\_\_\_\_ Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Address \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact employer? YES  NO  Description of duties \_\_\_\_\_

**PERSONAL REFERNECE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ ( ) \_\_\_\_\_



**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ (    ) \_\_\_\_\_

**SCHEDULE AND AVAILABILITY**

Hours per week \_\_\_\_\_ Preferred Days \_\_\_\_\_ Morning/ Afternoon \_\_\_\_\_

**DRIVING INFORMATION**

ACTION requires a valid driver’s license and proof of automobile insurance for the Volunteer.

Are you able to use your automobile if the volunteer position requires one? YES / NO

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver’s License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a felon? YES  NO  If yes, please explain: \_\_\_\_\_

*(Note: Answering yes will not automatically prohibit individuals from becoming volunteers/interns, but will be considered with respect to time, circumstances, seriousness and relationship to responsibilities. Some volunteer/intern positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)*

**PARENTAL CONSENT**

*I give my consent for my child, named on page one of this application, to participate in a volunteer with ACTION. I also give ACTION my consent to obtain any emergency medical treatment necessary for the safety of my child. (To be completed if applicant is under 18 years of age)*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

**SIGNATURE AND CONSENT**

*My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer position being denied. Furthermore, my signature below provides my authorization to [nonprofit] to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information. ACTION acknowledges that equal opportunity for all persons is a fundamental human value. Each applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_