



Volunteer Application

Date: _____

First Name: _____ Last Name: _____ SS# _____ Male or Female: _____

Street: _____ City, State: _____ Zip: _____

Home Phone: _____ Place of Work: _____ Position: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

Medical Conditions or limitations: _____

List all states you have lived in the last 5 years and list the number of years or months in each state: _____

Transportation: Car Bus Walk Other

Areas of Participation

Programs and Services in which you would like to volunteer:

- Administrative Support
- Marketing/Public Relations
- Short-Term Projects
- Child Development Program
- Maintenance/Landscaping
- Health/Fitness Program
- Beyond School Hours Program

Please list any other ways you would like to be involved or other skills you would like to contribute: _____

Tasks you would rather not do: _____

Other skills, hobbies, interests: _____

Birthday (month, date, year): _____

How did you hear about us? _____



Availability (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Often volunteer needs arise with very little notice.
 Would you be willing to put your name in a pool of volunteers who might be asked to assist with projects on short notice? Yes No

Background

Highest Grade completed: _____

Educational background that may relate to your volunteer placement (degrees, coursework, technical skills):

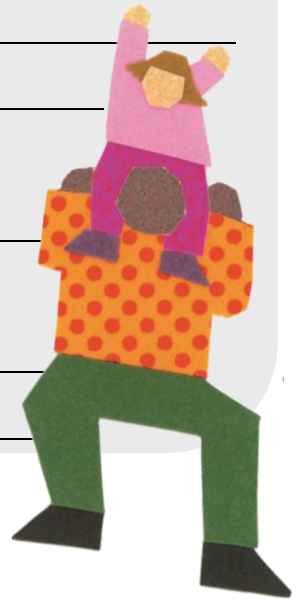
Groups or organizations to which you belong: _____

Have you ever volunteered? Yes No If yes, last year volunteered: _____

Are you presently volunteering with another organization? Yes No

If yes, which organization(s)? _____

Previous volunteer experience, including working with children (agencies and specific duties):



References

Please list 3 references we may contact, **not relatives**. If possible include: supervisor of a paid or volunteer position; a person who knows of your volunteering or work; a friend; co-worker; neighbor.

Name (Please Print)	Complete Address	Phone Number
1.		
2.		
3.		

Demographics

In order to construct a demographic profile of our volunteers, **please consider** completing the following information:

Age: under 18 (give specific age:) 18-29 30-39 40-49 50-69 70 and above

Race/Ethnicity: Native American African American Asian American Caucasian
 Hispanic Other

Thank you so much for your interest in volunteering with
Whitefoord, Inc.!