

**VOLUNTEER APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In Emergency, Person to be Notified: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Source of Referral:

\_\_\_\_\_

Are there any special considerations we should be aware of to maximize your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

Education: High School \_\_\_\_\_ College \_\_\_\_\_

WORK EXPERIENCE

Employer	Address	Dates	Position
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\_\_\_\_\_

\_\_\_\_\_

VOLUNTEER EXPERIENCE

Organization	Address	Dates	Service
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\_\_\_\_\_

\_\_\_\_\_

CLUB/GROUP AFFILIATIONS

\_\_\_\_\_

\_\_\_\_\_

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PERSONAL REFERENCE

Personal References (**No Relatives Please**)

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been convicted of a crime in the past ten years, including misdemeanors or summary offenses but excluding minor traffic violations? \_\_\_\_\_ If yes, describe in full: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Check areas in which you are interested:

- |                            |                             |                      |
|----------------------------|-----------------------------|----------------------|
| _____ Sewing               | _____ Music                 | _____ Housekeeping   |
| _____ Art                  | _____ Office Help           | _____ Dietary        |
| _____ Community Companion  | _____ Story Telling/Reading | _____ Birthday Party |
| _____ Recreation           | _____ Ministry              |                      |
| _____ Outpatient Assistant | _____ Scrap booking         |                      |
| _____ Toy Repair           | _____ Special Events        |                      |
| _____ Fundraising          | _____ Decorations           |                      |
| _____ Gardening            | _____ Food                  |                      |
| _____ Hair & Nails         | _____ Journalism            |                      |
| _____ Maintenance          | _____ Computer Lab          |                      |

Check areas in which you are skilled and/or certified:

- |                           |                           |                     |
|---------------------------|---------------------------|---------------------|
| _____ Abode Photo Shop    | _____ Plumbing            | _____ Sign Language |
| _____ Java Script Writing | _____ Electrician         |                     |
| _____ Microsoft Word      | _____ Construction        |                     |
| _____ Excel               | _____ Landscaping         |                     |
| _____ PowerPoint          | _____ CPR                 |                     |
| _____ Cosmology           | _____ First Aid           |                     |
| _____ Nail Technician     | _____ Hazardous Materials |                     |
| _____ Behavioral Training | _____ Teaching            |                     |

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Other Certifications: \_\_\_\_\_

Times Available:

_____ Monday	_____ Saturday	_____ Morning
_____ Tuesday	_____ Sunday	_____ Afternoon
_____ Wednesday		_____ Evening
_____ Thursday		
_____ Friday		

Please give specific times available:

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How many hours can you commit to volunteer work **per week**?

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How did you hear about this organization?

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Do you wish to have an organization credited for your service? \_\_\_\_\_

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Return Application to:

Wendell Foster's Campus  
815 Triplett Street  
Owensboro, KY 42303

Or fax to:

Attn: Volunteer Coordinator  
(270) 683-0079