

## 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: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Last First MI

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.

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### Availability for Volunteer Services

NOTE: Volunteer Services totaling 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