



## VOLUNTEER APPLICATION FORM

Today's Date: \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Church or Organization: \_\_\_\_\_

Educational background and/or personal experience which might be beneficial:

\_\_\_\_\_

Special Interests/Hobbies: \_\_\_\_\_

Days of week/time of day you wish to volunteer: \_\_\_\_\_

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**(To be filled out by Coordinator of Volunteers)**

Work Assignment & Area: \_\_\_\_\_

First Day: \_\_\_\_\_ Hours: \_\_\_\_\_

