

VOLUNTEERS OF AMERICA® NATIONAL SERVICES

VOLUNTEER APPLICATION

1. Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email Address: _____
2. Why do you want to volunteer with Volunteers of America?
3. How did you hear about volunteering at our health care facility?
4. Are there any skills drawn from previous experiences you would care to use in your volunteer work?
(Other languages, hobbies, talents, work or volunteer experiences) _____
5. How/where do you wish to serve? (Refer to list of volunteer opportunities.)
6. What clubs or organizations do you belong to?
7. What experiences have you had as a volunteer?
8. Frequency with which you wish to volunteer: (circle preference)
Weekly Every Two Weeks
Monthly Longer Intervals
9. Time preference: (circle preference)
Morning Afternoon Evening
10. Length of time you wish to serve: (circle preference)
1/2 hour 1 hour 2 hour 3 hour longer periods
11. Day(s) of the week preferred: _____
12. Do you wish to put a time limit on your volunteer commitment? (circle preference)
3 month 6 month 1 year Indefinite

13. Please list two to three personal or professional references that we may contact.

Name _____ Phone # _____ Relationship _____

Address _____

Name _____ Phone # _____ Relationship _____

Address _____

Name _____ Phone # _____ Relationship _____

Address _____

14. Have you ever been convicted of a criminal offense? Yes _____ No _____

15. If you have a disability, please list any accommodations you need in order to volunteer.

16. In case of an emergency, please contact:

Name _____ Phone # _____ Relationship _____

17. Are you under 18 years of age? Yes _____ No _____

I verify that the information in this application is true. I understand that any false or misleading information is grounds for denying or terminating my volunteer placement. I further understand that a copy of this application will be retained in my volunteer personnel file.

Volunteer's Signature

Date