Volunteer Application—Sample #1

Contact Information
Name:
Street Address:
City, ST ZIP Code:
Home Phone:
Work Phone:
E-Mail Address:

Availability
When are you available for volunteer assignments?
___:____ to ___:____ Monday
___:____ to ___:____ Tuesday
___:____ to ___:____ Wednesday
___:____ to ___:____ Thursday
___:____ to ___:____ Friday
___:____ to ___:____ Saturday

Interests
In which areas are you best suited to volunteer?
___ AIDS/ HIV ___ Homelessness/ Hunger ___ Environment
___ Children and Youth ___ Volunteer Leadership ___ Health/ Wellness
___ Disaster Assistance ___ Building/ Repair ___ Seniors
___ Fundraising ___ Disability Services ___ Youth Volunteering

Special Skills or Qualifications
Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?
Previous Volunteer Experience
Have you worked as a volunteer before? If so, what did you do?

Person to Notify in Case of Emergency
Name:
Street Address:
City, ST ZIP Code:
Home Phone:
Work Phone:
E-Mail Address:

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:__________________________ Date:________________
Volunteer Application And Eligibility Form—Sample #2

Name (Typed or Printed) ________________________________

Signature ________________________________ Date ________________________________

Years of School Completed _____

Previous Occupations __________________________________________________________

Physical Condition:   Excellent☐  Good☐  Fair☐  Poor☐

Please Explain: _________________________________________________________________

Contact in case of Emergency:

Name: ____________________________________________

Address: ____________________________________________

Phone #: ____________________________________________

Relationship: ____________________________________________

Physician:

Name: ____________________________________________

Telephone Number: ____________________________________________

Explain why you want to be a Volunteer ____________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Do you have your own means of transportation? ☐ Yes ☐ No
If not, what kind of transportation do you plan to use? ____________________________________
____________________________________________________________________________________

List Memberships in Clubs And Organizations: _____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List Hobbies and Special Skills: _________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Language(s) Spoken______________________________________________________________

Willing To Serve: Mornings-☐ Afternoons-☐ Evenings-☐ Saturdays-☐ Sundays-☐

Check any week day you are unable to serve: Mon-☐ Tues-☐ Wed-☐ Thurs-☐ Fri-☐

Do you have any criminal convictions (Other than parking violations and juvenile offenses?)
Yes-☐ No-☐ If yes, please describe____________________________________________________
____________________________________________________________________________________

Do you consent to the Foster Grandparent Project performing, or arranging for a criminal history check
in accordance with the Federal requirements for the Foster Grandparent Program?
Yes-☐ No-☐

Please list two character references (not relatives)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
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Please submit this application to:

[Project Name]
[Sponsor Name]
Address
City, State, Zip
Telephone
Email
Application For Volunteer Services—Sample #3

Date: ________________ Services to be Provided: ________________ Branch: ________________

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Name: __________________________________________________________________________

Last First Middle

Residence:

________________________________________________________

Street City State Zip

Telephone Number: Home______________ Work______________ Are you 18 years or older? Yes [ ] No [ ]

Date of Birth: ____________________________ Social Security Number: ________________

Occupation: ______________________________________________________________________

Employer Name Supervisor Name Phone Number

Describe your formal/informal training and experience pertinent to the volunteer services you would provide.

___________________________________________________________________________________________

___________________________________________________________________________________________

What do you hope to gain from volunteering?

___________________________________________________________________________________________

Other organizations to which you have provided volunteer services:

___________________________________________________________________________________________

Supervisor: _____________________________________________________________________________ Phone #: ________________________________

When are you willing to volunteer? (days, times, dates)

___________________________________________________________________________________________

___________________________________________________________________________________________

To Be Completed By All Applicants

Have you ever been convicted of any criminal offense other than the following:

Minor traffic violation fine $500.00 or less; or offenses settled in juvenile court or under welfare youth offender law. Yes [ ] No [ ] If yes, please explain:

___________________________________________________________________________________________

___________________________________________________________________________________________
Are you certified in:  

a) **First Aid**  Yes [ ]  No [ ]  

b) **CPR**  Yes [ ]  No [ ]  

c) **Pediatric CPR**  Yes [ ]  No [ ]  

d) **Lifeguard**  Yes [ ]  No [ ]

### When Driving Is Required

1. Do you have a valid driver’s license?  Yes[ ]  No[ ]  # _________________________

2. Do you have a valid Class 11/B license?  Yes[ ]  No[ ]

3. Do you possess a youth bus/school bus driver’s certificate?  Yes[ ]  No[ ]

In compliance with U.S. Department of Transportation FHWA, EveryNonprofit will conduct pre-agreement drug testing and random drug and alcohol testing of bus drivers.

### References (Exclude Relatives)

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any volunteer/employment involving supervision of children.

1. 
   
   Name  
   Occupation  
   Work Phone  
   Home Phone

2. 
   
   Name  
   Occupation  
   Work Phone  
   Home Phone

### Emergency Information

Name and phone number of person to be notified in case of accident or emergency.

________________________________________________________

________________________________________________________

Signature of Applicant  ____________________________  Date  ____________________________

Formerly Volunteer Center Orange County
EveryNonprofit’s Position On The Nationwide Problem Of Child Abuse

We make an active effort to prevent child abuse, which may include but is not limited to the following:

A background check, and references from past employers and volunteer organizations.

When practical, volunteers should not put themselves in a position in which they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to police and/or state agencies for investigation.

EveryNonprofit’s goals for children are:
1. To help children develop to their fullest potential.
2. To deliver programs in a positive EveryNonprofit environment of safety, support and care.
3. To support and strengthen the family unit.

Additional Volunteer Code Of Ethics And Rules

I have been informed of EveryNonprofit’s position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement titled “EveryNonprofit’s Position on the Nationwide Problem of Child Abuse.” I understand that in addition to the state mandates, EveryNonprofit will, among other things, conduct a thorough check of my background.

I understand that allegations or suspicions of child abuse are taken very seriously by EveryNonprofit and will be reported to police and/or state agencies for investigation and that EveryNonprofit will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening, I still desire consideration as a volunteer for EveryNonprofit.

Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, EveryNonprofit’s review and acceptance of fingerprint record and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

______________________________
Signature of Applicant

______________________________
Date

For Office Use Only

Branch: ______________________

Program/Dept./Camp: _________________________________________________________________

Program Director: _________________________________________________________________

Start Date: _______________ End Date: _______________