

Volunteer Application

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____ Phone (____) _____

Date of Birth _____ Email _____

Volunteers are considered for all positions and treated without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, or disability. The information in this book is used to determine the diversity of volunteers. All information is confidential. Completion is optional; however, it would be most helpful to us in developing a complete record of our program.

Male _____ Female _____ Veteran _____

African American _____ White _____ Hispanic _____ Native American _____

Asian American _____ Pacific Islander _____ Other _____

Disabled: Yes _____ No _____

Please list any physical limitations: _____

Educational Background: _____

Interests, hobbies, skills: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Alternative Phone: (____) _____

I confirm that all of the above information is accurate, to the best of my knowledge.

Signature of Applicant

Date