

VOLUNTEER APPLICANT:



Name: _____

Birth Date: _____

Last 5 digits of Social Security Number: _____

City of Birth: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

NON-RELATIVE REFERENCES:

Name: _____ Phone: _____

E-mail Address: _____

Name: _____ Phone: _____

E-mail Address: _____

PHYSICIAN RELEASE FORM:

Name of Doctor: _____

Clinic Address: _____

Fax Number: _____

SCHOOL ADVISOR REFERENCE: (under 18 only)

Name of School Advisor: _____

Name of School: _____

E-mail Address: _____

I hereby certify that the information provided on this form is true and complete to the best of my knowledge.

Signature

Date

We attempt to schedule our volunteers to meet their schedule needs, as well as our openings. Most schedules are done on a half-day basis. Some people volunteer one time per month; others volunteer several times per week. A few volunteers are “on call” or have a flexible schedule. In order for us to plan for your placement, please list the time that you would be available to volunteer and the frequency with which you would like to volunteer.

How often would you like to work? (Please check your preference)

- Weekly
- Monthly
- Semi-monthly
- On Call
- Other: _____

What day(s) of the week would be best for you? (Please check your preference(s))

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Any

What time of day would be best for you? (Please check your preference)

- Mornings
- Afternoons
- Evenings
- Any