

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 ___ : ___ Thursday

___ : ___ to ___ : ___ Tuesday

___ : ___ to ___ : ___ Friday

___ : ___ to ___ : ___ Wednesday

___ : ___ 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)

Name

Address

City

Phone

1. _____

2. _____

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:

Certifications

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 <input type="checkbox"/> | No <input type="checkbox"/> | # _____ |
| 2. | Do you have a valid Class 11/B license? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3. | Do you possess a youth bus/school bus driver's certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

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

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: _____