

VOLUNTEER INFORMATION SHEET

I. Name: _____
 DOB: _____ SS#: _____

II. Current Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Cell: _____

III. Emergency Contact: _____ Phone: _____
 Any special medical condition: Yes No
 If Yes, describe: _____

IV. Employer: _____
 School: _____ Grade: _____

V. Personal:

1. Have you ever volunteered before? Yes No
 If Yes, list organization or events: _____

2. Why do you want to be a volunteer?
 want to help community have free time
 Other: _____

I prefer to work with: youth adults seniors
 administrative/office duties

3. When are you available?
 Daily: Monday Tuesday Wednesday
 Hours: _____
 Daily: Thursday Friday Weekends
 Hours: _____
 Other: _____

4. Are you a member of any clubs or organizations? Yes No
 If Yes, list: _____

5. Do you have any special skills or talents:
 Teacher Musician Athlete/Coach
 Craftsman Gardening Filing/Typing Other: _____

6. What do you hope to accomplish as a volunteer?

VI. Background:

1. Have you ever plead guilty, been convicted of OR plead nolo contendere to a felony? Yes No

2. Are you currently on probation? Yes No

If Yes, describe the nature of the disposition: _____

VII. Declarations:

1) I authorize Greater Palm River POINT, CDC to investigate the truthfulness of all statements made on this application, to check my criminal and credit history and to contact my employer or other references to verify the listed information.

2) I understand that if I am accepted as a volunteer, I will not receive any monetary compensation for my services.

Signature of Applicant _____
Date

Signature of Parent/Guardian _____
Date

Office Use Only:

Received by: _____	Date: _____
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Comments: _____

Status: Criminal background check Date: _____

Reference check Date: _____