



Volunteer Application

Name (Last	First	Middle)		
Address (Street	City	State	Zip)	Phone #
Fax #	Cell#	Email Address		

Have you held a volunteer position before? (If so, please explain):

Please name the organization(s) you have volunteered for:

What office skills can you perform and what business machines can you operate?

Have you had any previous drug problems? (If yes, please explain):

Have you had any previous problems with the law? (If yes, please explain):

References: (name, phone #, etc.)

1. _____
2. _____
3. _____

Referred by: _____

Volunteering Options

Please select your area(s) of interest:

- Mentoring** (i.e. students in the classroom)
- Sports** (i.e. donate sport tickets, etc.)
- Health** (i.e. teach a health or nutrition class, etc.)
- Leadership training** (i.e. corporate site visits, etc.)
- Office assistance** (i.e. shipping/handling of mail, clerical work, phones or computer, etc.)
- Events** (i.e. annual fundraising events – mass mailing, auction, registration, etc.)