

For Office Use Only

Applicant Name _____ Accepted _____
Volunteer Application Date _____ Orientation Date _____ Start Date _____
Program _____ Volunteer Guidelines Rcd. (Init.) _____
Termination Date _____ Reason for Termination _____

Volunteer Application

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Date of Birth _____

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Reason for Volunteering _____
Volunteer Experience _____
Currently Employed _____ If yes where _____ Length of Employment _____
Duties at Work _____
Work Schedule _____
Highest level of education completed _____
Use a computer? _____ If yes what programs? _____
Clerical (typing, copying, collating, etc.) _____
Hobbies/Talents/Interests _____

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Time Commitment & Availability

Day(s) available: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri
Special Events: _____ Sat. _____ Sun.
Time Preference: _____ Mornings _____ Afternoons

Health Conditions and impairments which may affect activities while at the Gardner CAC (lifting, carrying)

Are you able to provide medical documentation of health condition/impairment? _____

References:

Name _____ Phone Number _____
Address _____ Relationship (circle one) Business Personal
Length of Time known _____

Name _____ Phone Number _____
Address _____ Relationship (circle one) Business Personal
Length of Time known _____

Emergency Contact:

Name _____ Phone Number _____
Address _____ Relationship _____

I understand that if accepted as a volunteer, it is my responsibility to read the rules and regulations for volunteers, be prompt and regular in my service, perform my assigned duties to the best of my ability. I hereby authorize the Gardner CAC & Help Connection to receive and/or disclose any information pertaining to those issues involved in my placement as a volunteer. I understand that all data shall remain in strict confidence. A Photostat or fax copy of this authorization shall be considered valid. This release shall be limited to a one (1) year period, but may be revoked in writing by myself at any time I wish to terminate my volunteer experience.

Print Name _____ Date _____

Signature _____