



# Volunteer Application

Date:

## Contact Information

Name:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

## Emergency Contact Information

### Primary:

Name:

Phone Number:

Relationship:

### Back-Up:

Name:

Phone Number:

Relationship:

## References

*Please list 2 persons, other than immediate family members, whom you have known for at least two years and can serve as a reference for your reputation, character, and responsibility.*

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

## Volunteer Information

**Availability:** *Check all that apply*

### Best Days:

- Monday                       Tuesday                       Wednesday                       Thursday  
 Friday                       Saturday                       Sunday

### Best Time:

- Morning (9am-12pm)                       Afternoon (12pm-4pm)                       Evening (4pm-8pm)

### Frequency:

- Every Week                       Bi-Weekly                       Monthly  
 Quarterly                       Occasionally                       Other \_\_\_\_\_

**Interests & Skills:** *Check all that apply*

### Administrative/Clerical

- Customer Service                       Data Entry