



Volunteer Application

Name (Last, First, M.I.): _____

Social Security Number: _____ Date of Birth: _____

Permanent Address: _____

School/Work Address: _____

Permanent Phone Number: _____ School/Work Number: _____

FOR OFFICE USE ONLY

____ Tour
____ Background Check
____ Interview
____ Newsletter

What types of volunteer experiences would you like to do? (clerical, playing with children, cleaning or misc.)

What are your current days and times of availability?

Approximately how many hours of work per week would you like?

Why are you volunteering? (Check all that apply)

____ Personal growth

____ To fulfill a university/school requirement. Class _____

____ To fulfill a Community Service requirement. (complete the following questions also)

Number of hours needed: _____

By what date: _____

What skills do you possess that would help you perform in your area of volunteer interest?

How did you hear about our agency?

Signature: _____ Date: _____

(If you will be volunteering to work with children, a background check is required. Without consent to complete a background check, you will be unable to work with children during your volunteer experience at Family Resources.)