



Today's Date: _____

2017 Volunteer Application

Personal Information: *Please Print Clearly*

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip : _____
 Home Phone: _____ Cell Phone : _____
 Email: _____ Birth Date: _____

Male Female Are you a veteran? Yes No

Interests - Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="radio"/> Drivers (Shuttle, Specials, Events) | <input type="radio"/> Greeter/Front Desk Help |
| <input type="radio"/> Kitchen Help (VOA, Potlucks, & Social Event) | <input type="radio"/> Set Up for Programs (Tables and Chairs) |
| <input type="radio"/> Fundraising/Outreach/Special Events Staff | <input type="radio"/> Bingo Caller |
| <input type="radio"/> Proofreading of Newsletters/Mailings | <input type="radio"/> Help in Library |
| <input type="radio"/> Selling Ducky Derby Tickets | <input type="radio"/> Grandma's Attic Sorters |
| <input type="radio"/> MOW Driver | <input type="radio"/> Crafts—Teach a Class _____ |
| <input type="radio"/> Computer/Cell Phone Help | <input type="radio"/> Other: _____ |
| <input type="radio"/> Sports (softball, Golf, Tennis, Pickleball, Hiking, Bowling) | |
| <input type="radio"/> Committee Member: Membership, Fundraising, Facilities, Activities, Sports, and Transportation | |

Availability

Monday		Tuesday		Wednesday		Thursday		Friday	
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How many days per month can you commit? _____ Regularly _____ As needed _____

How did you hear about us? _____

Previous Volunteer Experience - Please list where you are now volunteering and describe your duties:

Person to Notify in Case of Emergency

Name : _____

Address: _____

City: _____ State: _____ Zip : _____

Relationship: _____

Home Phone: _____ Cell Phone : _____

Email : _____

References

1.) Name : _____ Phone : _____

Relationship: _____

2.) Name: _____ Phone : _____

Relationship : _____

Do you have any medical condition or physical limitation that may restrict your ability to perform certain tasks? _____

Volunteer Driver Information - Please check the type(s) of driving you are interested in

Shuttle	Events	Specials
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List driving experience: _____

Do you have any problems with mountain driving, snowy/icy conditions, heavy traffic, or night driving? If yes, please explain. _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):	_____
Signature:	_____
Date:	_____

Office Use Only							
Application Received:		Volunteer Agreement		Handbook: _____		Background Check:	
Copy of Insurance card:		DMV Record:		Copy of Driver's Lic:		Confidentiality Agreement:	