



Volunteer Application

Last Name _____
 First Name _____ Middle Initial _____

Mr. Mrs. Ms. Miss Dr. Other _____ Birth Date _____

Home Address

Street _____ Apartment # _____
 City _____ County _____ State _____ Zip Code _____

Is anyone at this address already a volunteer here? Yes No

If yes, what is their name? _____

What is their relationship to you? _____

Can mail be sent to this address? Yes No

If not, to which address should we send your mail? _____

Street _____ Apartment# _____
 City _____ County _____ State _____ Zip Code _____

What address is this? Work _____ School _____ Other _____

Phone Numbers

Home () _____ Work () _____
 Cell () _____ Fax () _____
 Pager () _____ Other () _____

****Email

Where do you prefer to receive calls: _____

Employment Information

Employed Part-time Full-time Retired Other

Employer's Name _____

Occupation _____

Street _____

City _____ State _____ Zip Code _____

My employer offers a time-off program for volunteers.

My employer offers a donation matching program.

Education Information

Highest level of Education completed:

- High School
- Tech School
- College
- Graduate School