



Application for Volunteer Services

Name: _____ Date: _____
Last First MI

Address _____ (_____) _____
(number & street) (city) (state) (zip) (phone)

Email Address _____

Are you older than 18? Yes No

Sex: Male Female Marital Status: Single Married

Spouse's Name: _____ # of Children: _____

Employment Status: Full Time: _____ Part Time: _____ Unemployed: _____

Employer Name: _____ Phone #: _____

Your Occupation: _____

May we call you at work? Yes No

Best way to reach you? Phone Email Best time to call you: _____

Previous employment experience:
Where

Position

Previous volunteer experience:
Where

Position

Hobbies/Special Skills: _____

Educational Background
School

City/State

Years Completed/Degree



Why do you want to volunteer at Whaley Children's Center? _____

In what areas are you interested in volunteering? (Check all that apply)

- ____ Special Events (WGOP, Auction, Golf Event, etc.)
- ____ Clerical Work (data entry, mailings, copying, etc.)
- ____ Fund-raising
- ____ Information Technology/Website
- ____ Maintenance/Repairs
- ____ Serving on a Program Committee (school for creative arts, child abuse prevention campaign)
- ____ Tutoring (Math, Reading, Music, etc.)
- ____ Crafts
- ____ Other: (Explain) _____

Times available for volunteer work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I am able to volunteer for:

- Less than 6 months
 6 – 12 months
 1 year or more

3 References: (not related to you)

Name	Address/Zip	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of an emergency contact (name and phone) _____

Hospital Preference: _____

Are you willing to undergo Whaley's Children's Center's extensive background, reference checks, and screening process including TB testing and Drug screening? Yes: _____ No: _____

I certify that the above information is accurate and true.

Applicant's Signature _____ Date: _____