



APPLICATION FOR VOLUNTEER SERVICES

Date: ___/___/___

Name: _____ Date of Birth: ___/___/___
LAST FIRST MIDDLE

Address: _____
NUMBER & STREET CITY STATE ZIP

Phone: (_____) _____ Email: _____

Best way to reach you? Phone Email Best Time to Call You: _____

Sex: Male Female Are you older than 18?: Yes No

Employment Status: Full time Part Time Unemployed

Employer Name: _____ Phone Number: (_____) _____

Your Occupation: _____

Hobbies/Special Skills: _____

PREVIOUS EMPLOYMENT EXPERIENCE:

Where: _____ Position: _____

Where: _____ Position: _____

PREVIOUS VOLUNTEER EXPERIENCE:

Where: _____ Position: _____

Where: _____ Position: _____

EDUCATIONAL BACKGROUND:

School: _____ City: _____ Years Completed/Degree: _____

School: _____ City: _____ 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)

- Assisting with Fundraising or Special Event Committee
- Maintenance/Repairs
- Organizing Donation Centers
- Deep Cleaning
- Tutoring (Math, Reading, Music, etc.)
- Crafts
- Other: (Explain) _____

Times available for volunteer work from 9am-5pm. Saturday and Sunday by appointment only.

	Monday	Tuesday	Wednesday	Thursday	Friday
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: _____

Phone: (_____) _____ Relationship: _____

Name: _____ Address/Zip: _____

Phone: (_____) _____ Relationship: _____

Name: _____ Address/Zip: _____

Phone: (_____) _____ Relationship: _____

In case of an emergency contact: _____
FULL NAME PHONE NUMBER

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: ____/____/____