



Human Resources

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VOLUNTEER APPLICATION FORM

DATE OF APPLICATION: _____

NAME: _____ Date of Birth: _____

ADDRESS _____

TELEPHONE :() _____ EMAIL ADDRESS: _____

DATE OF BIRTH (MM/DD/YYYY): _____

EMERGENCY CONTACT:

Name of Person to Call in an Emergency: _____

Relationship: _____ Telephone :() _____

INTERESTS/PREFERENCES:

What area of interest do you have? What types of activities would you like to do? (i.e. Nutrition, Transportation, Activities, etc.) _____

What days would you be available to volunteer?

- Mondays Tuesdays Wednesdays Thursdays Fridays Weekends

What time of day do you prefer?

- Mornings Afternoons Evenings Specific Times: _____

EDUCATION:

Complete the following where applicable. Begin with last, then next to last, etc.

Table with 5 columns: Degree, Major Subjects, Special Training, Years Completed, Graduated. Includes checkboxes for Yes/No in the Graduated column.

EMPLOYMENT:

Complete the following where applicable. Begin with last or current employer, then next to last, etc.

Occupation Title	Employer	Dates	Duties

COMMUNITY INVOLVEMENT INFORMATION:

Complete the following where applicable. Please include service organizations, professional groups, social groups, and church committees. Be sure to list any other volunteer experiences.

Name of Organization	City/State	Dates	Office Held/Volunteer Duties

REFERENCE INFORMATION (Please list two references):

Name: _____ Relationship: _____

Home Address: _____

Telephone Number: () _____ Email Address: _____

Name: _____ Relationship: _____

Home Address: _____

Telephone Number: () _____ Email Address: _____

STATEMENT OF RELEASE:

I hereby declare all of the foregoing statements to be complete and true. I understand that false statements on this application shall be considered sufficient cause for termination from the program. I authorize Calumet County to check my references, driving record, and criminal history. I further acknowledge and agree that I am not an employee of Calumet County for purposes of the volunteer work that I will undertake.

Signature

Date

Signature of Parent/Guardian
SRC/Volunteer/Vol Application

Date