

**Family & Children's Service
VOLUNTEER APPLICATION**

Date: _____

Last Name: _____

First (Mrs., Ms., Mr.): _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Birthdate: _____

RSVP (Age 55 & over): YES NO

Emergency Contact Name: _____

Address: _____

Phone: _____

Volunteer Agency (if already placed): _____

Time Available: AM PM

Days Available: _____

Any Limitations: _____

What volunteer opportunities are you interested in?

Employment/Volunteer Experience:

Have you ever been convicted of a crime? _____

If required, I authorize a background check to be conducted.

Signed: _____

(Volunteer Signature)

For Office Use Only

Date Started: _____

Assignment: _____

Volunteer Supervisor: _____

Phone: _____

Staff Signature _____