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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initial Contact: Volunteer Application Form | | | | | | | | | |
| Volunteer’s full legal name [print] | | Volunteer’s Signature | | | | | | | |
| Home Address: | | Postal Code: | | | | Home No.: | | | |
| E-Mail Address: | | Work No.: | | | | Emergency Contact: [name and cell number] | | | |
| Prior Experience as a Volunteer | | | | | | | | | | |
| Organization | Approximate date(s) | | | Principal Activities | | | Contact Person | | | |
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| Personal References: | | | | | | | | | | |
| Name | Relationship | | Duration of Relationship | | Phone No. or Email Address: | | | | | |
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| Additional Information that may be required (circle ‘Yes’ or ‘No’) | | | | | | | | | | |
| Are you willing to provide a driver’s license, driver’s abstract, and/or proof of auto insurance, if requires (a requirement if your volunteer duties entail you using your motor vehicle)? | | | | | | | | Yes | No |
| Are you willing to receive orientation regarding your volunteer duties, and to acknowledge that orientation was received? | | | | | | | | Yes | No |
| Are you willing to being evaluated on your volunteer work (a requirement if your volunteer assignment is on-going/not time-limited, or if you have more than occasional contact with clients)? | | | | | | | | Yes | No |