



Volunteer Application

Location:

_____ Coos County _____ Carroll County _____ Grafton County _____ Other

Volunteer Station:

_____ **Head Start**

Organize classroom materials, mend toys, games, clothes, arrange displays, assist with cleanup for activities, share skill knowledge or reading with a small group, assist with creative drama, music, arts or crafts.

_____ **Transportation**

Long Distance Non Emergency Medical program is a volunteer operated program to transport elderly and disabled individuals to medical appointments throughout the tri-state area.

_____ **R.S.V.P & Volunteer Center**

RSVP volunteers choose how, where and how often they want to serve, with commitments ranging from a few hours to 40 hours per week. Volunteers receive pre-service orientation, training from the organization where they will serve and supplemental insurance while on duty.

_____ **Domestic Violence Hotline**

Provides after hours phone support to victims and survivors of: sexual violence, domestic violence, and stalking. Volunteers answer calls from home and provide crisis intervention options for help and support with callers.

Today's Date:

Full Name:

Current Address:

Telephone:

Email Address:

Education, Academic Major, Special Training or Skills:

Current/Past Occupations:

Parent's/Guardian's Name (if under 18 yrs.)

Are you required to volunteer? If yes, please explain.

Yes No

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Volunteer Experience: (List most recent service positions)

Emergency Contact Duration of Volunteer Services

References:

List two people other than relatives who would be willing to serve as personal references.

Name

Relationship

Telephone Number

Street Address City State Zip Code
E-mail Address

Name
Relationship
Telephone Number
Street Address City State Zip Code
E-mail Address

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature:
Date:

Parental Signature: (if under 18 yrs.)
Date:

Please answer the following questions:

What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?

What would you like to get out of your volunteer experience/internship? What would make you feel like you have been successful?

What have you enjoyed most about your previous volunteer position(s)?

Describe your ideal supervisor. What sort of supervisory style do you prefer to work?

Have you served in the armed services?