

DHS-Division \_\_\_\_\_ Volunteer \_\_\_\_\_

Supervisor'Name \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ LastName \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(H) Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(C) Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email address: \_\_\_\_\_

**In Case of Emergency Contact:**

Complete Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Present Situation**

Employed \_\_\_\_ Retired \_\_\_\_ Unemployed \_\_\_\_ Student \_\_\_\_ Other \_\_\_\_\_

**If Employed, place of employment:**

\_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_ No \_\_\_\_

**If Student, School Name:**

\_\_\_\_\_

**If under 18, date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**(If under 18, must be accompanied by a parent)** \_\_\_\_\_

Parent or Legal Guardian

**Skills & Interests** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Background**

High school diploma \_\_\_\_ Associate degree \_\_\_\_ Bachelor's degree \_\_\_\_

Technical School \_\_\_\_ Some College \_\_\_\_ Graduate degree \_\_\_\_

**(Other)Please specify** \_\_\_\_\_

**Previous Volunteer Experience**


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Is there any type of volunteer work in which you are interest? Check one.

- Working directly with staff persons or an assistant  
 Helping in our office in general administrative duties  
 Doing research, teaching, or individual projects  
 Doing public speaking, fundraising  
 No Preference  
 Other

Are there groups you would NOT feel comfortable working with? Yes \_\_\_ No \_\_\_

If yes, specify: \_\_\_\_\_

**Availability**

At what times are you interested in volunteering?

- Weekly:  
 Twice monthly  
 Monthly  
 Other

Specify day(s) of the week and times of your commitment:

Monday    Time    Tuesday    Time    Wed    Time    TH    Time    F    Time

There are times during the week I CANNOT volunteer.

Specify: \_\_\_\_\_

Do you have access to an automobile? Yes \_\_\_ No \_\_\_

Do you have liability insurance? Yes \_\_\_ No \_\_\_ Insurance Company \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

If yes, provide DL#: \_\_\_\_\_

How did you hear about us?

- Division of Volunteerism  
 Web Site  
 Referred by friend/volunteer  
 Other \_\_\_\_\_

**List 2 Personal References.**

Please provide: Name, Address, (H) Phone and (W) Phone.

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Today's date

\_\_\_\_\_  
 Starting date

In case of a medical emergency which hospital would you prefer to be transported to by an emergency unit?