



# VOLUNTEER APPLICATION

PLEASE PRINT

**Legal Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Birth Month & Day:** \_\_\_\_\_

**Ethnicity:**  American Indian/Alaskan Native  Asian  
 Black/African American  Hawaiian/Pacific Islander  
 Hispanic/Latino  White  Two or more  Prefer Not to Disclose

**Gender:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Availability:**

**Day of Week**

Monday Thursday  
Tuesday Friday  
Wednesday Saturday

**Time of Day**

Mornings  
Afternoons  
Evenings

**Volunteer Interests**

Admin. Support  
Mentoring  
Special Events Support  
Other: \_\_\_\_\_

**Volunteer Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Involvement in Other Organizations:**

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**What strengths would you bring to the agency?**

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**What do you hope to gain from volunteering with us?**

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**Is there anything else you'd like to share?**

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**Provide Two References:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship to You

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE ONLY**

**Rec'd:**  
**Interview:**

**BGC:**  
**Program:**