

Volunteer Application

# Contact Information

|  |  |
| --- | --- |
| Name: |  |
| Street Address: |  |
| City, State, Zip Code |  |
| Home Phone: |  |
| Work Phone: |  |
| E-mail Address |  |

# Availibility

During which hours are you available for volunteer assignments?

\_\_\_Weekday Mornings \_\_\_\_Weekend Mornings

\_\_\_Weekday Afternoons \_\_\_\_Weekend Afternoons

\_\_\_Weekday Evenings \_\_\_\_Weekend Evenings

# Special Skills and Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports (attach additional pages if necessary).

# Previous Volunteer Experience

Summarize your previous volunteer experience (attach additional pages if necessary).

5. Is there anything on your driving record that would keep us from putting you on our vehicle insurance, such as 2+ speeding violations in two years or a DUI?

\_\_\_Yes

\_\_\_No

If yes, please explain.

1. Have you ever been convicted of a crime?

\_\_\_Yes

\_\_\_No

If yes, please explain.

# Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations.

Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application form and for your interest in volunteering with the MSC.