

Volunteer Application Completed Checklist

Volunteer Name:
Phone Number:
Application Completed ()
Copy of photo identification card ()
Background Check Completed ()
Paid for Background Check ()
References Called ()
NI .
Notes:



Volunteer Application

Contact Information	
N	
Name	
Street Address	
City, State, Zip Code	
Date of Birth	
Cell or Home Phone	
E-Mail Address	
AVAILABILITY	
Check the days and hours that you a	available to volunteer.
Weekday mornings 9am-12pm	Weekend mornings 9am-12pm
Weekday afternoons 1pm-4pm	Weekend afternoons 1pm-4pm
Weekday evenings 6pm-9pm	Weekend evenings 6pm-9pm
INTERESTS	
Check as many areas as you want to	mmit to that you are interested in volunteering
Mentor One-on-One (ONE Y) Group Mentoring (Six Month	•
Administration	
Special Events	
Board Member	
Young Professional Board	
Fundraising	
Social Media	
Volunteer and Food Coordinate	



Volunteer Application

SPECIAL SKILLS & QUALIFICATIONS

	a de delimination
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.	
PREVIOUS VOI	LUNTEER EXPERIENCE
Summarize your pr	revious volunteer experience.
EMERGENCY (CONTACT
Name	
Street Addre	ess
City, Zip Co	de
Home Phon	ne
Work Phon	·e
E-Mail Addro	ess
understand that i misrepresentation You are also cons YOU ARE WORT	is application, I affirm that the facts set forth in it are true and complete. I if I am accepted as a volunteer, any false statements, omissions, or other ns made by me on this application may result in my immediate dismissal. sisting to a background check by signing this application. It is the policy of THY, INC to provide equal opportunities without regard to race, color, origin, gender, sexual preference, age, or disability.
Name (printed)	
Signature	Date