

## Volunteer Application

Complete & return to Olivia Wilson via fax @ 770-528-8078.

First Name _____	Initial _____	Last Name _____
Address _____	Apt. _____	City _____ State _____ Zip Code _____
Home Phone _____	Business Phone _____	Email _____
Date of Birth _____	Fax Number _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Felony Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Physical Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Known Accommodations: _____	
Languages spoken: _____		
Employer _____	Title _____	Education & Degree _____

Spouse/Significant Other Name \_\_\_\_\_

Race (Optional): ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native-American  
☐ Pacific Islander ☐ Other

Please indicate what personal and/or career skills you would bring to this volunteer job:

**Contact in case of emergency:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

When are you available? Give days and hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:							
To:							

### Two References (that can be contacted):

Name \_\_\_\_\_ Phone \_\_\_\_\_

☐ Professional

Address \_\_\_\_\_

☐ Personal

City/St/Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

☐ Professional

Address \_\_\_\_\_

☐ Personal

City/St/Zip \_\_\_\_\_

**Areas of Interest:** Rate interest 1-3 with one being 1<sup>st</sup> choice, the top five areas you are interested in volunteering.

\_\_\_\_\_ Workshops (Workforce Development) \_\_\_\_\_ Adult Ed/GED Tutor(evening) \_\_\_\_\_ Mentoring (Youth ASSETS)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give any and all pertinent information concerning my employment, personal issues, or other matters, and release all parties from all liability for damage that may result from furnishing same to you.

Signed: \_\_\_\_\_

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

### Office Use Only

☐ Interview \_\_\_\_\_

☐ Orientation \_\_\_\_\_

☐ Assignment \_\_\_\_\_

☐ Background Check \_\_\_\_\_

☐ Welcome Packet \_\_\_\_\_

☐ Start \_\_\_\_\_

☐ Follow up \_\_\_\_\_

Date/Time \_\_\_\_\_