![Logo

Description automatically generated]()

VOLUNTEER APPLICATION FORM

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

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street Apt No. P.O. Box

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

City State Zip

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? \_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying For (Check or highlight the position you wish to apply)

The **Angels** is Seeking Volunteer with Experience in The Following Areas:

\_\_\_\_\_\_\_\_\_\_Volunteer Coordinator

\_\_\_\_\_\_\_\_\_\_Administration Support

Manage Emails

Manage Phone

Manage Calendar (Volunteers and Organization)

Other Duties as Assigned

\_\_\_\_\_\_\_\_\_\_Point of Contact for Program Referral

\_\_\_\_\_\_\_\_\_\_Prepare Meals

\_\_\_\_\_\_\_\_\_\_Fund Raiser

\_\_\_\_\_\_\_\_\_\_Stuffing Envelopes

\_\_\_\_\_\_\_\_\_\_Web Design

\_\_\_\_\_\_\_\_\_\_Legal Support

\_\_\_\_\_\_\_\_\_\_Monthly Newsletter

\_\_\_\_\_\_\_\_\_\_Grant Writer

\_\_\_\_\_\_\_\_\_\_Social Media Management

\_\_\_\_\_\_\_\_\_\_Photography

\_\_\_\_\_\_\_\_\_\_Driver / Delivery background checks)

Please add your social security number for background check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_**Communications/Public Relations/Marketing**

\_\_\_\_\_\_\_\_\_\_**Community Service**

Number of Hours Available Each Week?

\_\_\_\_\_\_\_\_ 1-5

\_\_\_\_\_\_\_\_ 5-10

\_\_\_\_\_\_\_\_ 10-15

\_\_\_\_\_\_\_\_ 15-20

\_\_\_\_\_\_\_\_ 20-40

Please list the time frames you are available to work/volunteer:

\_\_\_\_\_ Mon. Start: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_Tues. Start: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Wed. Start: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_Thur. Start: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Fri. Start: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_Sat. Start: \_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_

Do You Have A Valid (State) Driver’s License? \_\_\_\_\_Yes \_\_\_\_\_ No

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle License Plate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Ever Been Convicted For Violation of Any Laws, Traffic Or Otherwise? \_\_\_\_\_Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a physical condition that may limit your activity? \_\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reference:

Please list three persons we may call who are NOT family members:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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