



VOLUNTEER SERVICES APPLICATION

1. Applicant Information

Name: _____
Last First Middle Initial

Address: _____
Street address

City State Zip

Home Phone: _____ Cell Phone: _____

Email address: _____ Date of Birth: _____

2. Volunteer Experience

Occupation (Past occupation if retired) _____

Previous Volunteer Experience: _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

3. Availability and Volunteer Assignment Preferences

Please check ALL that are applicable:

I am available Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Please indicate times: Mornings _____ Afternoon _____ Evenings _____

Area in which you prefer to volunteer: Chapmanville _____ Logan _____ Man _____

Please indicate which areas you are best suited to volunteer:

Children/Youth Disaster Assistance Fundraising Health/Wellness
 Home Repair Homelessness Hunger Seniors

4. References (Persons not related to you who you have known at least one year.)

Name	Address	Telephone/Business/Occupation
Professional		
Personal		

5. Additional Information

Do you have a valid driver's license Yes No
 Have you ever been convicted for violation of laws, traffic or otherwise? Yes No
 If yes, please explain: _____

We consider applications for all without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

I certify that answers given herein are true and complete.

 Signature

 Date

For Office Use Only
 High School Student: _____