



# Volunteer Application

## APPLICANT INFORMATION

<b>Name:</b>		
Date of birth:	SSN:	Phone:
Have you ever gone by a different last name? If so, what name?		
Driver's License #:	State of Issuance:	
Current address:		
City:	State:	Zip Code:
Email:		
Previous address:		
City:	State:	Zip Code:

## EMPLOYMENT INFORMATION

<b>Current employer:</b>		
Address:	How long?	
City:	State:	Zip Code:
Phone:	Fax:	
Position:		
<b>Previous Employer:</b>		
Address:	How long?	
City:	State:	Zip Code:
Phone:	Fax:	
Position:		

## EDUCATION

Name and location of school	Major field of study	Check last year completed	Did you graduate?	Diploma/ Degree
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/Junior College		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EDUCATION (continued)

Name and location of school	Major field of study	Check last year completed	Did you graduate?	Diploma/Degree
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical School		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (training, certification or licenses)				

## SKILLS AND EXPERIENCE

(List all skills and experience you have working with children - i.e. age, grade level, etc.)

## REFERENCES

(Please provide 2 professional references.)

**Name:**

Occupation:

Address:

City:

State:

Zip Code:

Phone:

Email:

**Name:**

Occupation:

Address:

City:

State:

Zip Code:

Phone:

Email:

**I hereby verify that all the information on this application is correct to the best of my knowledge.**

**Signature** \_\_\_\_\_