



Date of Application: _____

VOLUNTEER APPLICATION

| APPLICANT INFORMATION | | | |
|---------------------------------------|-------------|-----------------------|----------------|
| Last Name: | First Name: | MI: | Date of Birth: |
| Street Address: | | Apartment/Unit/Lot #: | |
| City: | | State: | ZIP: |
| Number of years at the above address: | Phone: | Alternate Phone: | |
| E-mail Address: | | | |
| Physical/Medical Limitations: | | | |

| APPLICANT HISTORY | | | |
|--|------------------------|--|-----------------------|
| Employer: | | | Length of Employment: |
| If not employed, list your last employer: | | | |
| Have you ever worked for Let's Help? YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when and where? | | |
| Have you ever volunteered with Let's Help before? YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when and where? | | |
| Have you ever been convicted of a felony or misdemeanor, excluding minor traffic infractions? YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain: | | |
| | | | |
| Do you have any pending felony or misdemeanor charges, excluding minor traffic infractions? YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain: | | |
| | | | |

| VOLUNTEER AVAILABILITY/OPPORTUNITIES | | | |
|---|--|--|--------------------------------------|
| What type of volunteer experience are you seeking? On-Going <input type="checkbox"/> One-Time <input type="checkbox"/> How many hours per week would you like to volunteer? | | | |
| Please list days and times you are available: | | | |
| In which service area(s) would you like to volunteer? (Please note that there is no guarantee you will be placed in your preferred area(s). Placement is based on the volunteer assistance needs of each area.) Please check all categories that apply: | | | |
| Administrative Tasks <input type="checkbox"/> | Adult Education <input type="checkbox"/> | Clothing Bank <input type="checkbox"/> | Food Pantry <input type="checkbox"/> |
| Kitchen/Lunchroom <input type="checkbox"/> | Other: _____ | | |
| | | | |

| COMMUNITY SERVICE | | | |
|---|-------------------------|---|--|
| Are you applying to volunteer in order to fulfill a Community Service requirement for School, a Civic Organization, or Church? YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, complete the information in the next line. | |
| Name of Organization & Activity: | | Number of hours needed: | |
| Are you applying to volunteer in order to fulfill a Community Service Agreement that is Court Ordered, or to fulfill a Parole Requirement? YES <input type="checkbox"/> NO <input type="checkbox"/> | | If yes, complete the information in the next two lines. | |
| Court/District/County Supervising the CSA: | | Parole/ISP Officer or Court Contact – Full Name: | |
| Parole/ISP Officer or Court Contact – Phone Number: | Number of Hours Needed: | Required Completion Date for Hours: | |

APPLICANT SKILLS/INTERESTS/EXPERTISE

Please list a few of your hobbies/personal interests:

Do you have any special expertise or skills that you would like to share with Let's Help? (Check any that apply)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Art/Music | <input type="checkbox"/> Carpentry/Contracting | <input type="checkbox"/> Computer/Data Entry | <input type="checkbox"/> Driving (CDL)/Forklift |
| <input type="checkbox"/> Electrical/HVAC | <input type="checkbox"/> General Office Work/Clerical/Research | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Landscaping/Maintenance |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> One-on-One Direct Client Service | <input type="checkbox"/> Organizing/Scheduling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Pipefitting/Plumbing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Teaching/Training/Tutoring | <input type="checkbox"/> Writing/Testimonials/Documentaries |

Other (anything not mentioned above):

Do you have any professional certifications/licenses necessary for any specialized volunteer activities?

Are you fluent in any language other than English (including Sign Language)? YES NO Please list language(s):

REFERENCES

Please list three references. References should not be related to you.

| | |
|----------------------|--------------|
| Full Name: | Years Known: |
| Relationship to you: | Phone: |
| Full Name: | Years Known: |
| Relationship to you: | Phone: |
| Full Name: | Years Known: |
| Relationship to you: | Phone: |

EMERGENCY NOTIFICATION & HOSPITAL PREFERENCE

| | | |
|-------------------------------|---------------|--------|
| First Contact: | Relationship: | Phone: |
| Second Contact: | Relationship: | Phone: |
| Hospital Preference (if any): | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Let's Help may conduct a background investigation regarding employment, education, motor vehicle or criminal background. By signing this application, you authorize Let's Help to make these investigations, and you indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you from volunteering.

(Note: The fact that you have a criminal record will not necessarily bar you from volunteering.)

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|