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| **OFFICE USE ONLY** |
| Application Received |
| Interview Date |
| SCR Clearance |
| Placement Date |
| Placement Location |

**DYFJ Volunteer Application**

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| A - PERSONAL INFORMATION |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | | Last Name | | | Date of Birth |
| Street Address | Apt | | City | State | Zip |
| Main/home phone | | Alternate/mobile phone | | | |
| Email Address | | | | | |

**How did you hear about this program?**  Another Volunteer  Family/Friends  Coworker/Employer  Internet/Agency website  Other

Are there any physical conditions that would limit your ability to perform certain duties?  Yes  No

If yes, what accommodations are required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| B - AVAILABILITY |

Please indicate the time(s) you are available:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Noon | Evening |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

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| C- SKILLS & INTERESTS |

What type of volunteer work are you interested in?

|  |  |  |  |
| --- | --- | --- | --- |
| Events | Program | Fundraising | Media/Tech |
| Religious Services | Sports/Recreation | Mentoring | Tutoring |
| Arts & Crafts | Other |  |  |

If Other, please list: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any of your special skills/training/certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you speak other languages? If yes, please indicate language and level of proficiency: | Native Speaker | | Able to Translate? | |
| Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No | Yes | No |
| Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes | No | Yes | No |

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| D - EDUCATION |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Highest Level of Education: | High School | Some High School | High School Equivalent/GED | Some College | Technical School | 2-Year Degree |
| Bachelor’s Degree | Some Grad School | Master’s Degree | Doctorate (Academic) | Doctorate (Professional) | Post Doctorate |

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| E - EXPERIENCE |

Are you volunteering with a group or organization?  Yes  No

If yes, what is the name of your affiliate group/organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any previous volunteer experience?  Yes  No

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

Current Employment Status:  Employed – Full-time  Employed – Part-time  Self-Employed  Unemployed  Retired

Current / Most Recent Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) -\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

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| F – EMERGENCY CONTACT |

|  |  |
| --- | --- |
| First Name | Last Name |
| Main/home phone | Alternate/mobile phone |

*As a volunteer of our agency, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk, and that the agency, its employees and affiliates, cannot assume responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

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