

Volunteer Application

Boyton Street Community Center

NAME (Typed or Printed)

Date: _____ **DOB** _____ **T-Shirt Size** _____
Month /Day

RESIDENCE:

Street _____ City _____ State _____ Zip _____

Telephone Number: Home _____ Cell _____

E-Mail Address: _____

Emergency Contact:

Name: _____

Address _____

Phone Number _____ Relationship _____

Physical Condition: Excellent ___ Good ___ Fair ___ Poor ___

Years of School Completed _____ Degree Earned (if any) _____

Previous Occupations: _____

Employer _____ # of Years _____

Address _____ Position _____

Previous Occupation: _____

Employer _____ # of Years _____

Address _____ Position _____

CERTIFICATIONS:

Are you certified in: **First Aid** Yes ___ No ___ **CPR** Yes ___ No ___ **Pediatric CPR** Yes ___ No ___

Explain why you want to volunteer _____

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INTERESTS:

___ Children and Youth ___ Volunteer Leadership ___ Health/Wellness
___ Building Repair ___ Seniors ___ Fundraising
___ Disability Services ___ Youth Volunteering Other _____

Have you volunteered before? _____

SPECIALTIES/STRENGTHS:

Math _____ Science _____ Social Studies _____ Arts & Crafts _____ Reading _____ Test Review _____
Vocabulary/Spelling _____ Language Arts _____ Other _____
Grade Preference K 1st 2nd 3rd 4th 5th 6th JHS HS

PREVIOUS VOLUNTEER EXPERIENCE:

Organization _____ Position _____

Dates: _____ Contact: _____ Phone Number _____

Organization _____ Position _____

Dates: _____ Contact: _____ Phone Number _____

Organization _____ Position _____

Dates: _____ Contact: _____ Phone Number _____

AVAILABILITY:

MONDAY ____: ____ to ____: ____ WEDNESDAY ____: ____ to ____: ____

TUESDAY ____: ____ to ____: ____ THURSDAY ____: ____ to ____: ____

FRIDAY ____: ____ to ____: ____ SATURDAY ____: ____ to ____: ____

SPECIAL SKILLS OR QUALIFICATIONS

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

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REFERENCES

1. _____
Name Occupation Work /Home phone

2. _____
Name Occupation Work /Home phone

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

OFFICE USE ONLY

DCFS BACKGROUND CHECK: _____

RESULTS _____

CERTIFICATION _____

INTERVIEW DATE _____

TRAINING COMPLETED _____