



**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

**Personal Information**

Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you under 18 years of age  yes  no

**Employment**

Employer \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Resume Attached (optional)

**Availability** *Support Groups are on Monday and Thursday evenings at this time. But we have other volunteer opportunities in the office and out in the field during the day or on the weekends.*

Mornings \_\_\_ Sun. \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat.

Afternoons \_\_\_ Sun. \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat

Evenings \_\_\_ Sun. \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat

**Personal Reference**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Professional Reference**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

**Education and Training**

College/University \_\_\_\_\_ Degree \_\_\_\_\_

Other skills or training \_\_\_\_\_

Do you speak any foreign languages? If yes, please list. \_\_\_\_\_

Please list any professional affiliations \_\_\_\_\_

**Volunteerism**

Briefly explain your volunteer interest in Open Arms \_\_\_\_\_

How did you become familiar with Open Arms? \_\_\_\_\_

Please list your volunteer experience. \_\_\_\_\_

Do you have any experience with children or youth? With adults? If yes, briefly describe: \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_ Yes \_\_\_ No

If yes, please explain. (Please be advised that a criminal background check is required for all volunteers.)

Are you taking any controlled substance(s) not authorized by your physician? \_\_\_ Yes \_\_\_ No

**Please read the pledge below and sign:**

Believing that Open Arms has a real need for my services as a volunteer:

- I will be punctual and conscientious in fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will endeavor to make my work professional in its quality.
- I will uphold the tradition and high standards of Open Arms and will interpret them to the community at Large.

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

<b>Office Use Only:</b>			
Received _____	Interviewed _____	Training _____	
Commitment _____	Began Volunteering _____	Vol. Role _____	