

Volunteer Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Office): _____

Contact in emergency: _____ Phone: _____

1. Skills and Interest

a. Education Background: _____

b. Current Occupation: _____

c. Hobbies, Skills, Interests: _____

d. Previous Volunteer Experience: _____

2. Preferences in Volunteering

a. Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

☐ Working one-on-one with a single client ☐ No preference

☐ Working directly with a staff person as an assistant ☐ Providing service to several clients

☐ Office/ general administrative duties ☐ public speaking, fundraising, etc.

☐ Research, training or an individual projects ☐ Working occasionally on group projects

☐ Other: _____

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b. Is there a person or group with whom you are particularly interested in working?
(Check all that apply.)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Children | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Males | <input type="checkbox"/> Females |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Other: _____ | |

c. Are there any groups with which you would not feel comfortable working?

- ☐ No ☐ Yes: _____

3. Availability

a. At what time are you interested in volunteering?

- | | | |
|--|--|--|
| <input type="checkbox"/> Am Flexible | <input type="checkbox"/> Prefer weekdays | <input type="checkbox"/> Prefer evenings |
| <input type="checkbox"/> Prefer weekends | <input type="checkbox"/> Prefer days | <input type="checkbox"/> Other: |

b. Do you have a geographic preference as to where you do volunteer work?

- ☐ No ☐ Yes

c. Do you have access to an automobile you can use for volunteer work?

- ☐ No ☐ Yes

4. Background Verification

a. Have you ever been convicted of a criminal offense?

- ☐ Yes ☐ No

b. Have you ever been charged with neglect, abuse, or assault?

- ☐ Yes ☐ No

c. Has your driver's license ever been suspended or revoked in any state?

- ☐ Yes ☐ No

d. Do you use illegal drugs?

- ☐ Yes ☐ No

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e. Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work?

☐ Yes ☐ No

f. Please list two non-family references whom we might contact:

1. _____ Phone: _____

2. _____ Phone: _____

g. How did you hear about us?

☐ Saw job description ☐ Saw advertisement ☐ Volunteer Center

☐ From client of agency ☐ Referred by friend/volunteer ☐ From agency/school

☐ Other: _____