

VOLUNTEER APPLICATION FORM



(volunteer position title)

SECTION I

Date _____

Name _____

Address _____ City _____ Country _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once A Week
 One Time Only As Needed OTHER

I Could Serve More Than One Person: Yes No

SECTION IV

Do You Have A Valid Driver's License? Yes No

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: _____

Tell us in which areas you are interested in volunteering:

- Administration
- Events
- Field work
- Fundraising
- Ambassador
- Newsletter production
- Volunteer coordination
- Other _____

SECTION V [References]

Please list two persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Comments: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

By submitting this application, to volunteer@adra.bs 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 Of Applicant

Date

Thank you for completing this application form and for your interest in volunteering with us!

