Southern United Neighborhoods VOLUNTEER APPLICATION FORM

_______________________________________________________

SECTION I Date __________________________

Name ____________________________________________

Address __________________________ City __________ State _____ Zip ______

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 (what is your main interest or issue) _________

____________________________________________________________________

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

SECTION IV

Do You Have A Valid (State) Driver’s License? □ Yes □ No

License Number: ________________ Vehicle License Plate Number _________________

Insurance Company: ___________________________ Policy #: _________________

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: __________________________
Who To Notify In Case Of An Emergency? ____________________________________________

Telephone Number: ________________________________

SECTION V  [ References ]

Please list three 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 ______________________________________

Name ___________________________________________  Phone ______________________
Address __________________________________________
Relationship ______________________________________

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

__________________________  _______________________
Signature Of Applicant       Date