

Volunteer Application

Please print or type and complete all sections.

Today's Date: _____

Name

Full Name:

Last

First

M.I.

Volunteer Assignment Desired

Volunteer Assignment Applying for: _____

Availability:

☐ Full time

☐ Part time

Days: _____ Hours: _____

Personal

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email Address: _____

Have you ever been convicted of a felony?

☐ Yes

☐ No

If yes, give details.

Education

High School or GED: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

Vocational or Technical: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

College or University: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

Do you have other skills or training that would be helpful in your role as a volunteer? If yes, please explain.

Employment History

Are you presently employed? ☐ Yes ☐ No

If yes, please complete the information below about your current employer.

Name of Employer: _____ Phone: _____

Address: _____
Street Address Suite #

City _____ State _____ ZIP Code _____

Supervisor's Name: _____ Title: _____

Phone: _____ Email: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Other Volunteer Activities and Professional Memberships

Organization Name: _____ Title: _____

Responsibilities: _____ Years Active: _____

Organization Name: _____ Title: _____

Responsibilities: _____ Years Active: _____

Certification

I hereby certify that all the information provided in this volunteer application is true and complete. I understand that false information or the omission of information may disqualify me as a volunteer. I further understand that Children's Garden Learning Academy is a drug-free, smoke-free and peanut-free workplace.

Signature: _____ Date: _____