

**VOLUNTEER STAFF APPLICATION FORM**

YA10.801 (2/77)

FACILITY ASSIGNED TO
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PLEASE TYPE OR PRINT

PERSONAL	NAME (First, Middle, Last)			
	ADDRESS (Number - Street - City - Zip Code)		HOME TELEPHONE	BUSINESS TELEPHONE
	WHOM TO CALL IN EMERGENCY		HOME TELEPHONE	BUSINESS TELEPHONE
	PHYSICAL LIMITATION (Qualify Conditions)		SOCIAL SECURITY NUMBER	
			ORGANIZATION OR HOME CHURCH	

MAIDEN NAME OR ALIAS	RACE	SEX	BIRTHPLACE	BIRTHDATE
MARKS OR SCARS	HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES
HAVE YOU EVER SERVED A JAIL OR PRISON SENTENCE, PROBATION OR PAID A FINE OF \$50.00 OR MORE? IF RECORDS ARE SEALED, YOU MAY RESPOND NO. <input type="checkbox"/> NO <input type="checkbox"/> YES				
IF YES, GIVE CIRCUMSTANCES				

AUTO	DO YOU HAVE AN AVAILABLE AUTO?	AUTO LICENSE	DRIVER'S LICENSE NUMBER	
	AUTO DESCRIPTION	AUTO INSURANCE COMPANY		POLICY NUMBER
	EXPIRATION DATE OF INSURANCE	BODILY INJURY LIMITS		
	PROPERTY DAMAGE LIMITS	PERSONAL LIABILITY LIMITS		

WORK	WORK RECORD (Indicate whether Volunteer or Paid)			
	EMPLOYER	FROM (Date)	TO (Date)	JOB TITLE AND DUTIES

EDUCATION	EDUCATION (Training - Skills, certificates, license)		
	Currently enrolled in school <input type="checkbox"/> NO <input type="checkbox"/> YES	NAME OF SCHOOL	CREDIT FOR VOLUNTEER WORK <input type="checkbox"/> NO <input type="checkbox"/> YES NUMBER OF UNITS _____

LANGUAGES IF FLUENT			
INDICATE INTERESTS - HOBBIES - ORGANIZATIONS OF WHICH YOU ARE A MEMBER			

