



# VOLUNTEER APPLICATION FORM

## Personal information

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Do you drive?  Yes  No Are you a student?  Yes  No

## Education and employment

Level of education  Masters  Bachelors  High School  Other

If other, please explain \_\_\_\_\_

Are you employed?  Yes  No. If yes, position \_\_\_\_\_

If retired, last position held \_\_\_\_\_

## Experience & skills - Check all that apply

Volunteer experience (approximate) \_\_\_\_\_  Months  Days  Years

### Skills

Computer/data entry  Mailing/sorting  General office clean up

Event preparation  Photography/writing

Other, please list \_\_\_\_\_

## Volunteer Opportunity Interests - Check all that apply

Events

Clerical

Group support

General

Newsletter assistance

Program Aide

Professional expertise

Reception

Youth Team Events / Programs

## Availability - Check all that apply

Day  Monday  Tuesday  Wednesday  Thursday  Friday

Hours Preferred  Morning  Afternoon Hours: From \_\_\_\_\_ To \_\_\_\_\_

**Counseled/Referred by:** \_\_\_\_\_

**References**

1. Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Background check**

Have you ever been convicted of a felony or misdemeanor?

Yes  No

If yes, please explain: \_\_\_\_\_

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Advisory: A check of the volunteer applicant’s criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

“I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of RICV, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by RICV.”

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_