

THE VILLAGE VOLUNTEER APPLICATION



Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Our Mission: Bringing a cultural, educational and physical form of activity to this community.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Are you at least 18 years of age? Yes _____ No _____

Parent's or Guardian's Name (if under 18): _____

Parent's or Guardian's Contact information (if under 18):

Phone: _____ Email: _____

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. Yes _____ No _____

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Interests: Please tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Staffing (regular hours) | <input type="checkbox"/> Story Hour Leader |
| <input type="checkbox"/> Special Event Planning | <input type="checkbox"/> Kindermusic Instructor |
| <input type="checkbox"/> Exhibit Development | <input type="checkbox"/> Advisory Board Member |
| <input type="checkbox"/> Housekeeping/Cleaning | |

Please indicate days available: *Mon Tues Wed Thur Fri Sat*

Times available: From _____ to _____

Any physical limitations? _____

What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?

Any special talents or skills or training you have that you feel would benefit our organization?

What would you like to get out of your volunteer experience? What would make you feel like you have been successful?

References: List two people other than relatives who would be willing to serve as a personal reference:

Name: _____ Phone: _____

Email Address: _____

Name: _____ Phone: _____

Email Address: _____

Emergency Contact:

In case of emergency contact: _____

Relationship: _____ Phone: _____

As a volunteer of The Village I agree to abide by its policies and procedures, including a background check. I understand that I will be volunteering at my own risk and that The Village, its employees and affiliates, cannot assume any responsibility or any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

This application has been reviewed and processed by: _____

Date: _____ *Volunteer Status:* *Activated* *Declined*