

EDUCATIONAL INFORMATION (Name and Location of School)

High School: *	
Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business College/Vocational Training: *	
Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University: *	
Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you attending classes now? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where:	

WORK EXPERIENCE (List most recent employer first)

1) Name of Organization	Type of Work:
From:	To:
2) Name of Organization	Type of Work:
From:	To:
3) Name of Organization	Type of Work:
From:	To:

VOLUNTEER EXPERIENCE (List most recent experience first)

1) Name of Organization	From:	To:
Type of Work		
2) Name of Organization	From:	To:
Type of Work		
3) Name of Organization	From:	To:
Type of Work		

CHOICE OF VOLUNTEER POSITION	
First Choice: *	Second Choice: *
Indicate times you are available to volunteer: *	
<input type="checkbox"/> Morning <input type="checkbox"/> Weekday <input type="checkbox"/> Afternoons <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	
How long do you anticipate being available to volunteer? _____ Years _____ Months	
How many times per month would you be interested in serving? _____ Times per month	
What do you want to achieve from your volunteer experience? *	
MISCELLANEOUS	
Have you ever been convicted of a misdemeanor or felony? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Are you volunteering to satisfy court required community service? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, number of hours required:	
If yes, please list your probation officer's name and phone number:	
Date of last TB skin test:	
Applicant Signature:	

***Asterisk indicates a required field**