

APPLICATION FOR VOLUNTEER SERVICES

Adult (18+) Referred by Sparrow Associate or Volunteer



College Student Volunteers – Do Not Use This Application: Sparrow has a partnership with MSU to coordinate all college student volunteers, regardless of where they attend. College students need to apply through the MSU Service Learning Center in Room 27 of the MSU Student Services Building, Service Learning Center at Michigan State University. You can call their office at 517.353.4400 or visit their web site www.servicelearning.msu.edu.

VOLUNTEER CONTACT INFORMATION

Required fields are marked with an asterisk*

Today's Date:	
Referrer Name (when applicable):	
Volunteer Last Name: *	
First Name: *	
Street Address: *	
Apartment:	
City: *	
State: *	
Zip Code: *	
Residence Telephone: *	
Business Telephone:	
Facsimile:	
Pager:	
Email Address:	

EMERGENCY INFORMATION (Person to be Notified in the Event of an Emergency)

Name: *	
Address: *	
City, State, Zip: *	
Day Telephone: *	
Evening Telephone:	
Pager:	

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**