



Date: _____

APPLICATION FOR VOLUNTEER SERVICE

Mr.
Mrs.
Miss. _____ D.O.B.: _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone: (H) _____ (W) _____

Permanent Phone: (H) _____ (Cell) _____

E-mail Address: _____

Current Employer: _____ Phone: _____

School: _____ Graduation Date: _____

Spouse's Name: _____ Children: _____

ARE YOU...

- Under 18 Years Old?
- Currently a College Student? Degree/Major: _____
- A Group or Organization? Group/Organization Name: _____

Do you have any health limitations or restrictions that would affect your ability to volunteer? YES NO

If yes, please explain: _____

Previous Volunteer Experience: _____

Hobbies and Interests: _____

Community Activities: _____

Educational Courses related to Child Care: _____

Does your volunteer service apply to your school, college, or work? _____

Required number of volunteer hours for credit: _____

How did you learn of this Volunteer Program? _____

Available days and times to volunteer at Respite Care, Inc.:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

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Will you volunteer: Regularly _____ Occasionally _____

Driver's License: State _____ Number _____ Expiration date _____

Have you volunteered at Respite Care in the past? YES NO **If Yes, when?** _____

List two references, not relatives (give names, address, and phone number)

1. _____

2. _____

In case of an emergency we should notify:

Name: _____ **Phone:** _____

Address: _____

Relation: _____

Signature

Date

Parental Consent for Applicants Under 18 Years of Age

As the parent or legal guardian of the above applicant, I hereby consent to his/her participation in the Respite Care, Inc. volunteer program.

Printed Name of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____

Parent or Guardian's Address _____

Phone _____