

VOLUNTEER APPLICATION

Please Print Legibly OR Type

Last Name First Name Middle Initial Maiden Name

Address Street Unit # City Zip

() ()
Home Phone Cell/Emergency Phone

Emergency Contact Name ()
Emergency Contact Phone

Building Where Volunteering Will Take Place Email

The following information is required to run a basic background check required by State law.

Date of Birth (MM/DD/YYYY) Gender: Male Female

Race: American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or Pacific Islander White Hispanic/Latino

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Signature Date