



VOLUNTEER APPLICATION

Please type or print all information legibly. Thank you.

Name: _____

Address _____

City:(home) _____ Zip : _____

(local, if different) _____

_____ Zip: _____

Phone #s (daytime) _____ (evening) _____ (cell) _____

Birthdate: _____

Do you currently have a Kentucky driver's license? Yes () No () # _____

Any other state? Yes () No () Which? _____ # _____

Please list 2 emergency contacts:

Name: _____

Relationship _____ Phone Number: _____

Name: _____

Relationship _____ Phone Number: _____

Special Medical Information: (please list any conditions or medications you feel we might need to know in case of emergency, such as allergies, asthma, etc.):

Are you presently employed: Yes () No ()

Name of employer: _____ Phone # of employer: _____

Your Job title: _____ Length of employment: _____

Education:

Last grade completed: 12th grade () some college experience ()

completed college () graduate school ()

Any relevant training experiences (example: for job or related volunteer experience):

Do you speak any languages other than English? Yes () No ()

Which? _____

Personal Skills, Interests, Hobbies:

Volunteer interests:

Type of work you would like: (check all that apply)

___ helping in the office

___ Houchens Center volunteer

___ working with students in after-school programs

___ reading volunteer for preschool or daycare center

___ special events or activities

other (specify): _____

Time you prefer to work: flexible () school hours () after-school () lunch hour ()

Days you are available: _____

Is there a time you are not available? _____

Have you ever been convicted of a crime? Yes () No ()

If yes, please explain:

Please list 3 references. Include name, address, and phone number. (preferably adult references, such as professors, teachers, employers, etc. Please, no classmates.) Type or print legibly.

1. Name _____ Phone # _____

Address _____

2. Name _____ Address _____

Phone _____

3. Name _____ Address _____

Phone _____

Conditions of Commitment:

As a Volunteer I agree to:

- Submit to a criminal records check if asked.
- Attend an orientation or training session that may be necessary to help in my job, or prepare me for my role with the children.
- Abide by all school rules and Board of Education regulations and policies that apply to me.
- Honor my commitment to work as scheduled.
- If I must be absent from a scheduled commitment, I will notify the school or Community Education as soon as possible.
- If volunteering for class credit, I agree to submit the name, phone number, and e-mail address of the professor for open lines of communication with the Community Education office.

I understand that Community Education has the right to terminate this agreement at any time.

Signature

Date

e-mail address

*Return Completed Form to:
Community Education, Anne Grubbs
1227 Westen, Bowling Green, KY 42104
OR fax form to: 270-842-0554*

Revised July 2010