



**lost  
ones**  
FOUNDATION  
YOU ARE NOT ALONE

## VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

1. Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of birth: \_\_\_\_\_

1a. What school do you attend? \_\_\_\_\_

1b. What grade or year are you in? \_\_\_\_\_

2. Have you done volunteer work at another nonprofit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and what did you do?

3. What type of work would you like to do here?

4. List any hobbies or interests:

5. What skills, training, or knowledge do you wish to utilize here?

6. Why do you want to volunteer here?

7. Where did you hear about our Agency?

8. When are you available to volunteer and for how long?



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(Time of day:  
Day(s) of week:  
How often per week/month:  
For how long?

9. If you have a disability, what accommodation would you need to do this volunteer position?

10. What training, resources or support do you anticipate needing to do this volunteer work?

11. Have you ever been convicted of a criminal offense?  Yes  No

If yes, please explain:

11a. Do you use illegal drugs?  Yes  No

11b. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children/adolescents?  Yes  No

If yes, please explain:

Please provide 3 personal or professional references:

Name:                      phone number                      personal or professional relationship

1.

2.

3.

I hereby attest that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date