

VOLUNTEER APPLICATION
180 CHATTYROB LANE, WEST JEFFERSON, NC 28694

DATE OF APPLICATION: _____

NAME: _____
(last) (first) (middle)

ADDRESS: _____

(If you have lived at above address less than 3 years list previous address)

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____ **DATE OF BIRTH:** _____

Person(s) to be contacted in case of emergency or illness:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please list any Allergies: _____

Best time to contact you at home is: _____ a.m. _____ p. m.

Previous volunteer experience:

AVAILABILITY

_____ Regular hours (any hours between 8 am and 5 pm Monday - Friday)

_____ Special hours (hours between 5 pm and 8 am specify preference)

_____ Weekends or holidays.

ABILITY TO DRIVE (Check all relevant items).

_____ Current Driver's License Number

_____ Have an automobile available for work.

_____ Auto Insurance information (Only Meals on Wheels Drivers)

Company _____ Policy Number _____

EDUCATION: (Optional)

Grades: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

List special training; certificates, degrees completed.

1. _____

2. _____

PERSONAL REFERENCES (other than relatives)

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

3. Name _____

Address _____

Phone _____

Does Ashe County Volunteer Coordinator have your permission to check each reference that you have listed? _____.

Health: (optional)

Do you have any physical or mental condition (s) that could affect your volunteer commitment? _____ If so, please describe:

COURT CONVICTIONS:

Have you ever been convicted of an offense(s) other than a minor traffic violation? If so, please list. _____

All statements made on this application are true, complete and are correct to the best of my knowledge. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

Signature of Applicant

Date