

Date Submitted: _____

APPLICATION FOR VOLUNTEER SERVICE

ABOUT YOU:

First Name: _____ Last Name: _____ Middle Initial: _____

Select One: Mr. Ms. Mrs. Miss Dr. Preferred Nickname: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail Address: _____ Fax: _____

Have you served as a volunteer with us before? No Yes If yes, what year? _____

Education (check all that apply): Completed 8th grade High school graduate
 Undergraduate degree School/Major: _____
 Graduate degree School/Major: _____

Personal Information:

Social Security #: _____ Driver's License # & State: _____

I am 18 years of age or older I am under 18 years of age (please add date of birth): _____

Employment Information:

I am: Employed Not employed Retired Student

Employer's (School's) Name: _____ Occupation (if applicable): _____

Address: _____

My employer offers a time-off program for volunteers My employer offers a donation matching program

Volunteer Experience:

Agency Name: _____ Phone: _____ Fax: _____

Volunteer Dates: _____ Duties: _____

Agency Name: _____ Phone: _____ Fax: _____

Volunteer Dates: _____ Duties: _____

Awards, Honors, Achievements

List any awards, honors, achievements, volunteer or community service activities, special interests, hobbies or any organizations of which you are a member and hold positions of leadership: _____

Talents and Skills

Please list skills and interests that will help us make an appropriate volunteer match for you (such as sports, teaching, computer skills, translation abilities, certifications, etc): _____

References

Please provide two references OTHER THAN RELATIVES:

Name: _____ Phone: _____ E-mail: _____

Address: _____

Name: _____ Phone: _____ E-mail: _____

Address: _____

I Want to Volunteer Because

List the reasons why you'd like to become a volunteer: _____

How did you find out about our program? _____

Availability

Please enter the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

I certify that the statements made on this application are true and correct and have been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Dublin from any liability whatsoever for supplying such information. I understand I will not be paid for my services as a volunteer. I also understand that completing this application does not necessarily guarantee a position of volunteer service.

Applicant's Signature

Date

Parent's/Guardian's Signature (for volunteers under age 18)

Date

Parent's/Guardian's name (for volunteers under age 18); please print

Submit Completed Form To:

Dublin Municipal Building, c/o Christine Nardecchia, Volunteer Service Coordinator, 5200 Emerald Parkway, Dublin, Ohio 43017-1006