



**ADULT VOLUNTEER APPLICATION**

Application Date: _____
Interview Date: _____
Orientation Date: _____

First Name: _____	Last Name: _____	Middle: _____		
Present Address: _____				
Home Phone: _____ Cell / Work Phone: _____ Email: _____				
Occupation: _____				
Previous Work Experience / Training or Resume Attached _____				
Previous Volunteer Experience: _____				
Community Affiliations: (Groups, Clubs, Organizations, etc...) _____				
Special Skills:    Committee    Fundraising    Sales    Typing    Computer    Other _____				
Any Physical Limitations to your Activities?    Lifting    Walking    Other _____				
In Emergency Contact _____ Phone _____				
Times Available	Monday	Tuesday	Wednesday	Thursday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Program/Service Desired: 1. _____ 2. _____				
How did you hear about the LDA? _____				
Reasons for Volunteering: _____				
<b>OFFICE USE ONLY</b>				
Placement	Date Placed	Day(s)	Time	Review Date
References Attached ____ yes ____ no    Police Clearance Attached ____ yes ____ no ____ n/a				