

## **Volunteer Application**

	Volunte	of Fronic		
First Name	Middle Name	Last Name	Application Date	
Mailing Address	City, State	Zip Code	County	
Mailing Address	City, state	zip Code	County	
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address	
D. COUR		Emergency Contact Name & Phone Number		
Date of Birth mm/dd/yyyy		Emergency Contact Name & Phone Number		
ППП/аа/уууу				
Student	School Name	Education Level		
☐ Yes ☐ No		Less than High School	☐ College Graduate	
		=	_	
		Some High School	Technical School Graduate	
Children Living at Home Name	Age	☐ High School Graduate/GED	☐ Master's Degree	
Name	Age	☐ Attended College	☐ Doctorate/Prof. Degree	
		G	<u> </u>	
		F		
		Employment Status		
		☐ Currently Unemployed	☐ Working Full Time	
		☐ Full-time Homemaker	☐ Working Part Time	
		☐ Retired	— Working Fare lime	
		— Netired		
Current Employer		Job Title		
, ,				
	Volunteer Skil	s/Preferences		
		s/Preferences	I	
Availability	Volunteer Skil # of Hours Available:	American Sign Language	Foreign Language	
Availability   Week Days			Foreign Language	
_		American Sign Language		
☐ Week Days ☐ Week Nights	# of Hours Available: Per:	American Sign Language  Yes	☐ Yes ☐ No	
☐ Week Days	# of Hours Available:	American Sign Language  Yes	☐ Yes ☐ No	
☐ Week Days ☐ Week Nights ☐ Weekends	# of Hours Available:  Per:  Week  Month	American Sign Language  Yes  No	Yes No Languages Spoken	
☐ Week Days ☐ Week Nights	# of Hours Available: Per:	American Sign Language  Yes	☐ Yes ☐ No	
☐ Week Days ☐ Week Nights ☐ Weekends	# of Hours Available:  Per:  Week  Month	American Sign Language  Yes  No	Yes No Languages Spoken	
<ul><li></li></ul>	# of Hours Available:  Per:  Week Month  Own/Have Access to a Truck  Yes	American Sign Language  Yes No  Willing to Make Deliveries Yes	☐ Yes ☐ No Languages Spoken  Auto Liability Insurance ☐ Yes	
<ul><li>☐ Week Days</li><li>☐ Week Nights</li><li>☐ Weekends</li></ul> Own/Have Access to a Car	# of Hours Available:  Per:	American Sign Language  Yes No  Willing to Make Deliveries	☐ Yes ☐ No  Languages Spoken  ———————————————————————————————————	
<ul> <li>Week Days</li> <li>Week Nights</li> <li>Weekends</li> </ul> Own/Have Access to a Car <ul> <li>Yes</li> <li>No</li> </ul>	# of Hours Available:  Per:  Week	American Sign Language  Yes No  Willing to Make Deliveries Yes No	☐ Yes ☐ No Languages Spoken  Auto Liability Insurance ☐ Yes ☐ No	
<ul><li></li></ul>	# of Hours Available:  Per:  Week Month  Own/Have Access to a Truck  Yes	American Sign Language  Yes No  Willing to Make Deliveries Yes	☐ Yes ☐ No Languages Spoken  Auto Liability Insurance ☐ Yes	
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<ul> <li>Week Days</li> <li>Week Nights</li> <li>Weekends</li> </ul> <li>Own/Have Access to a Car         <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Driver's License Number</li>	# of Hours Available:  Per:     Week	American Sign Language  Yes No  Willing to Make Deliveries Yes No  Auto Make/Model	Auto Liability Insurance Yes No License Plate Number	
<ul> <li>Week Days</li> <li>Week Nights</li> <li>Weekends</li> </ul> Own/Have Access to a Car <ul> <li>Yes</li> <li>No</li> </ul> Driver's License Number Areas of Interest	# of Hours Available:  Per:	American Sign Language  Yes No  Willing to Make Deliveries Yes No  Auto Make/Model	Auto Liability Insurance Yes No License Plate Number	
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Volunteer Skills/Preferences Continued						
List previous volunteer work.						
List special skills training or e	experience that may be applicate	ble to work with the Family Sunshine	Center			
List special skins, training of k	sapenence that may be applicate	ole to work with the railing ballstime	, comon			
Are there envised accom		a valueta aring with the Family Cumpl	sino Contor?			
Are there any special accommodations needed for you while volunteering with the Family Sunshine Center?						
Why do you want to volunteer with the Family Sunshine Center?						
What life experiences have y	you had that you feel will benefit	your work with the Family Sunshine	Center?			
References: Complete mailin	ng address required.					
Name	Street Address	City, State	Zip	Phone		
Name	Street Address	City, State	Zip	Phone		
Name	Street Address	Oity, state	Σiρ	THORE		
Name	Street Address	City, State	Zip	Phone		
Have you previously been in	volved with the Family Sunshine	Center?				
	<b>,</b>					
☐ Yes ☐ No						
If no, Where did you hear about the Family Sunshine Center Volunteer Program?						
	Volu	unteer Signature				
I certify that information/answers given herein are true and complete to the best of my knowledge. I consent to and authorize the						
Family Sunshine Center and its employees to complete reference checks by contacting and obtaining information from the references						
		enter and its employees from all lia this authorization or any attempts				
Signature		Date	1.3			
o.g.raturo						

Please print and complete this form, sign & date, and return it to:
Volunteer Coordinator
Family Sunshine Center
P.O. Box 5160, Montgomery, AL 36103
or FAX to 334.206.2111