



VOLUNTEER APPLICATION FORM

LEARN Resource Center
610 Professional Park Drive, New Haven, IN 46774
Phone: (260) 749-9516

Directions: Complete each section on **both** sides. Please print clearly. If you are aged 11-17, a parent or guardian's signature is required.

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

Street Address: _____

City/State: _____ Zip: _____

Phone: (H) _____ (W) : _____ (E-mail): _____

Month and Day of Birth: ____/____ **Area/school where you want to volunteer:** _____

Education: Current School: _____ Highest grade completed: 6 7 8 9 10 11 12

School Name:	Degree:	Major:	Year:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Languages you speak other than English: _____

Current Employment (or most recent if not currently employed):

Are you currently employed? Yes _____ No _____ Part-time _____ Full-time _____ Retired _____

Employer: _____ Occupation/Title: _____

Duties: _____

Emergency Contact Person:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Availability: (check all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____

Volunteer Experience: Have you had previous volunteer experience? Yes _____ No _____

If so, where and what was your task?

Interests and Skills: List your skills, hobbies, and interests: _____

What skills do you have that you would like to use in working with children? _____

What volunteer activity or activities would you like to pursue with LEARN? _____

How did you find out about the agency's volunteer program? _____

Do you have any physical limitations which we need to accommodate? _____

Is there any other information which will help us place you as a volunteer? _____

References: Please list two references in the space provided below (no family members):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Have you been convicted of or pled guilty to a felony or misdemeanor, other than a minor traffic violation? (Conviction or plea will not necessarily disqualify an applicant.) _____ Yes _____ No

If yes, please explain. _____

Please sign below when you have read and understood this statement.

I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I grant the agency permission to obtain information from references which I have provided. I certify that the statements made in this volunteer application are true and correct and has been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's Signature: _____ Date: _____

My son or daughter has my permission to volunteer at LEARN Resource Center.

Parent/Guardian's Signature: _____ **Date:** _____
(Required if applicant is under 18)

For Center Use:

Interview Date _____	Staff _____
Reference Check _____	Orientation _____
Start Date _____	Position _____
Schedule _____	Staff Notification _____